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STATE LUNATIC ASYLUM.

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AMERICAN  
JOURNAL OF INSANITY,  
FOR OCTOBER, 1882.

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PROCEEDINGS OF THE ASSOCIATION OF  
MEDICAL SUPERINTENDENTS.

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The Thirty-Sixth Annual Session of the Association of Medical Superintendents of American Institutions for the Insane, was held at the Grand Hotel, in the city of Cincinnati, Ohio, commencing on May 30, 1882.

The Association was called to order at 10 A. M., by Dr. John H. Callender, Vice-President, in the absence of the President, Dr. Clement A. Walker.

The reading of the minutes of the last meeting was commenced and continued for a short time, when, on motion of Dr. Gundry, the further reading was dispensed with.

The following members were present during the sessions:

J. B. Andrews, M. D., State Asylum for the Insane, Buffalo, N. Y.

Wm. I. Bland, M. D., Hospital for the Insane, Weston, W. Va.

Richard M. Bucke, M. D., Asylum for the Insane, London, Ontario.

D. R. Burrell, M. D., Brigham Hall, Canandaigua, N. Y.

John H. Callender, M. D., Hospital for the Insane, Nashville, Tenn.

John B. Chapin, M. D., Willard Asylum, Willard, N. Y.

Edward Cowles, McLean Asylum, Somerville, Mass.

John Curwen, M. D., State Hospital for the Insane, Warren, Penn.

R. I. Dewey, M. D., Eastern Hospital for the Insane, Kankakee, Ill.

Orpheus Everts, M. D., Cincinnati Sanitarium, College Hill, O.

Theodore W. Jesher, M. D., Lunatic Hospital, Boston, Mass.

R. H. Gale, M. D., Central Kentucky Lunatic Asylum, Anchorage, Ky.

Wm. B. Goldsmith, M. D., Lunatic Hospital, Danvers, Mass.

Leonidas I. Graham, M. D., State Lunatic Asylum, Austin, Texas.

John P. Gray, M. D., State Lunatic Asylum, Utica, N. Y.

Eugene Grissom, M. D., Insane Asylum, Raleigh, N. C.

Richard Gundry, M. D., Maryland Hospital, Catonsville, Md.

John C. Hall, M. D., Friends' Asylum, Frankford, Philadelphia, Penn.

F. W. Hatch, Jr., M. D., Assistant Physician, Asylum for the Insane, Napa, Cal.

Charles H. Hughes, M. D., St. Louis, Mo.

Henry M. Hurd, M. D., Eastern Michigan Asylum, Pontiac, Mich.

E. A. Kilbourne, M. D., Northern Hospital for the Insane, Elgin, Ill.

Andrew McFarland, M. D., Oak Lawn Retreat, Jacksonville, Ill.

H. P. Mathewson, M. D., Hospital for the Insane, Lincoln, Neb.

C. A. Miller, M. D., Longview Asylum, Carthage, Ohio.

T. I. Mitchell, M. D., Lunatic Asylum, Jackson, Miss.

A. R. Moulton, M. D., Assistant Physician, Lunatic Hospital, Worcester, Mass.

Charles H. Nichols, M. D., Bloomingdale Asylum, New York City.

Geo. C. Palmer, M. D., Asylum for the Insane, Kalamazoo, Mich.

Joseph A. Reed, M. D., Western Pennsylvania Hospital for the Insane, Dixmont, Penn.

A. B. Richardson, M. D., Asylum for the Insane, Athens, O.

Joseph Rogers, M. D., Hospital for the Insane, Indianapolis, Ind.

John W. Sawyer, M. D., Butler Hospital, Providence, R. I.

S. S. Schultz, M. D., State Hospital for the Insane, Danville, Penn.

Henry P. Stearns, M. D., Retreat for the Insane, Hartford, Conn.

Charles W. Stevens, M. D., St. Louis, Mo.

I. Strong, M. D., Asylum for the Insane, Cleveland, Ohio.

H. A. Toby, M. D., Asylum for the Insane, Dayton, Ohio.  
J. M. Wallace, M. D., Asylum for the Insane, Hamilton, Ont.  
H. Wardner, M. D., Hospital for the Insane, Anna, Ill.  
James M. Whitaker, M. D., Assistant Physician Lunatic Asylum, Milledgeville, Georgia.

Letters were read by the Secretary from Dr. C. Lockhart Robertson and Dr. T. S. Clouston, in acknowledgment of their election as Honorary Members of the Association.

ROYAL COURT OF JUSTICE, }  
LONDON, November 18, 1881. }

*To Dr. John Curwen, &c., &c.*

*My Dear Sir:*

I have the honor to acknowledge the receipt of your letter of the 14th October, intimating to me that I had been elected Honorary Member of the Association of Medical Superintendents of American Institutions for the Insane. I am greatly flattered by this act of courtesy on the part of my American brethren. Even since my short visit to the United States, in 1877, your country has been to me like another England across the seas and I am glad to have this tie more to bind me to this land of our race in the far West.

Believe me, sincerely yours,

C. LOCKHART ROBERTSON.

ROYAL ASYLUM, MORNINGSIDE, }  
EDINBURG, 4th November, 1881. }

*Dear Sir:*

I beg leave to thank you, and through you the Association of Medical Superintendents of American Institutions for the Insane, for your letter of the fourteenth, and for the high honor conferred upon me by that Association in making me one of their Honorary Members. No mark of distinction and friendship could have been more grateful to me than this from my American brethren.

I am, yours, very respectfully,

DR. CURWEN.

T. S. CLOUSTON.

The following letter was received from Dr. Motet, a few days after the adjournment:

PARIS, LE 7 MAI, 1882, }  
161 RUE DE CHARONNE. }

*Monsieur et très honoré Confrère:*

J'ai reçu, après beaucoup de retard, la lettre que vous m'avez adressée, et dans laquelle vous m'annoncez que l'Association des Médecins-en-chef des Asiles d'Aliénés d'Amérique m'a fait l'honneur de me nommer Membre Honoraire.

Je suis très touché de ce témoignage de sympathie qui ne s'adresse pas seulement à moi, mais à la Société Médico-Psychologique de Paris. Je vous prie, Monsieur et très honoré Collègue, de remercier en mon nom les membres de la société savante qui vent bien m'accueillir avec une si grande courtoisie, et d'être l'interprète de mes sentiments de respectueuse reconnaissance.

Recevez, Monsieur et très honoré Collègue, l'assurance de ma considération très distinguée.

A. MOTET,

Vice-Président de la Société Médico-Psychologique.

Letters were also read from Dr. Knapp, regretting his inability to attend this meeting; from Dr. Draper, enclosing a letter from Dr. Peeters, of Gheel; from Dr. Bryce, introducing Dr. Moore, of Mississippi; from Dr. Park, introducing Dr. Moulton, and from Dr. C. A. Walker, resigning the office of President.

On motion, the President was requested to appoint the usual Standing Committees.

On motion of Dr. Gray, a recess of thirty minutes was taken to enable the Business Committee to prepare their report, and also to give the members an opportunity to register.

On re-assembling, Dr. Miller offered the following resolution, which was adopted:

*Resolved*, That members of the regular medical profession of Cincinnati and vicinity, and visiting brethren, and also trustees of any hospital for the insane who may be in the city, are hereby respectfully invited to attend the sessions of the Association.

Dr. Everts, from the Business Committee, made the following report, which was unanimously adopted: On

Tuesday, May 30, hold sessions from 10 A. M., to 1 P. M., and from 3 P. M., to 6 P. M. Reception from 8.30 P. M. to 12 M., at the Burnet House, given by the Medical Profession of Cincinnati.

On Wednesday, May 31, reception at Longview Asylum; leave hotel at 9 A. M., dinner and session until 3 P. M. Reception at Sanitarium from 4 to 6 P. M., reaching the city at 7 P. M.

On Thursday, June 1, reception and dinner at the Dayton Asylum, leave city at 8.15 A. M. Excursion to the Soldiers' Home at 2 P. M. Return from Dayton at 6 P. M.

On Friday, June 2, meeting at 10 A. M., for business.

Dr. C. W. Wallin, of North Carolina, was introduced to the Association by Dr. Grissom.

On motion of Dr. Gray, the communication of Dr. Peeters, of Gheel, was referred to the Committee on Business.

On motion of Dr. Everts, a committee of three was appointed to nominate a successor to Dr. C. A. Walker, President, resigned.

The President appointed as this committee, Drs. Nichols, Reed and Gale.

Dr. J. B. Chapin offered the following resolution, which was referred to the Committee to nominate a President.

*Resolved*, That the usage of the Association in respect to the tenure of the office of President and Vice-President of this body, be so far changed that hereafter there shall be elected a President and Vice-President to hold their respective offices for a period of one year, and that the President present an annual address which shall be deemed exempt from critical discussion, unless the Association shall direct otherwise.

The President then announced the Standing Committees, as follows:

To Audit the Treasurer's Accounts, Drs. Schultz, of Pennsylvania; Mitchell, of Mississippi, and Stevens, of Missouri. On Time and Place of Next Meeting, Drs. Stearns, of Connecticut; Bucke, of Ontario, and Bland, of West Virginia. On Resolutions, Drs. Gundry, of Maryland; Grissom, of North Carolina, and Hurd, of Michigan.

Dr. Chapin offered the following resolution, which was unanimously adopted by a rising vote:

*Resolved*, That this Association in extending a welcome to Dr. John P. Gray, offer their congratulations at his preservation from the peril of sudden death, and their sympathy for him and his family during his painful convalescence.

The President introduced to the Association, Dr. Muscroft, Chairman of the Committee of Arrangements of the Medical Profession of the city of Cincinnati, who extended an invitation to meet the profession this evening, which was, on motion, accepted.

CHARLES H. HUGHES, of St. Louis, said: Mr. President and Gentlemen of the Association. I present a record of a form of mental aberration quite familiar to us all, but about the proper designation of which alienists have for a long time differed; differed ever since Prichard, following in the footsteps of Pinel and Esquirol, ventured to class a certain kind of mental aberration as moral insanity, a difference which has widened in some directions and narrowed in others, since Mayo made his ineffectual assault, in my opinion, on the doctrine of moral insanity. I have purposely taken the description of this case from a non-professional person, and one best of all others, supposably familiar with those changes in the mental characteristics of an individual, which we are accustomed to recognize as constituting insanity—the individual's own mother.

I hope you will give me your views with regard to the case, as to whether it is one of total depravity or mental aberration.

[Notes of the case published in the October number of the *Alienist and Neurologist*.]

I have purposely given this record from a non-professional person, in order to show how clearly a mother might describe that

change which takes place in her child, manifesting itself in insanity of emotion and feeling, impulse, action and passion. This record will be recognized by at least one of the physicians present as a faithful description. From my own observation I have verified most of the facts as stated by the mother. The usual records of this kind of cases are the records which physicians make, and which possibly they might be supposed to make for the purpose of elucidating a medical theory, but here is a picture drawn by a non-professional, by a person best qualified to discern the change in the moral faculties, which has taken place in her own child. In our histories of mental aberration, we have no better records than those made by intimate friends. The husband or wife, or father, or son, or mother, can often describe departures from the normal habits of thought, feeling or action brought about by disease, when the medical man who visits the patient only occasionally and professionally, may fail to detect the characteristic changes for lack of this knowledge. Now, men may cavil about the implication of the intellectual faculties in changes like these. In the vast majority of changes in the moral character, the intellect either becomes abeyant—and in such a sense, may be considered to have undergone a change—to have become subservient, and acquiescent, and evidences a predominance of the aberrant over the intellectual and moral character, or, the intellect becomes also specially implicated and delusions accompany the effective change which we call moral insanity.

When Prichard described his cases, some of them were open to the objections, which Blandford has made, and his searching analysis enabled him to detect what does not really seem, however, to have escaped the perception of Prichard—subtle changes in the natural intellectual characteristics of the individual; but the picture which Prichard made was none the less complete, because it described a form of mental aberration, which, if not characteristic of an exclusive change of the moral faculties to the exclusion of the mental change, was nevertheless a description of the departure mainly in the natural habits of feeling and action of the individual, so markedly characteristic of such change of the affective life as to entitle it to be called moral insanity. We can not give it any better description, and Prichard himself never undertook to define moral insanity as change exclusively in the affective life. He speaks of the change in the affective life as being so predominant that the intellectual change is not appreciable, and this is a fact which we all recognize in some of these cases. Whether

we dispute about the propriety of the term or not, we recognize the fact that there is a form of insanity which displays itself, especially in disordered impulse, feeling, propensity or passion. All insanity in fact displays itself, more or less, in that way, and that oftentimes is the only evidence, as it most often is the first evidence that alienists have of that change which ultimates in the most recognized forms of insanity. This is a case not described to elucidate a theory that the mind is a community of interest in which to disorder the moral faculties without disturbing the intellectual, would be impossible—a non-professional paints the picture, and I apprehend that it will be recognized as a picture of something more than mere Satanic possession. With whatever of intellectual implication may be apparent, I call it moral insanity as the most descriptive term.

DR. GOLDSMITH. Mr. President, and Gentlemen of the Association. I have little to say with regard to Dr. Hughes' paper. It is difficult to describe because the description is incomplete, which undoubtedly would not have been the case, if it had been given by himself instead of by the mother of the patient. As given it hardly seems to me to describe insanity without decided intellectual disorder or defect. As I understand there is stated the belief on the part of the patient that her sister and others engaged in licentious intercourse with men, without reason for that belief. I think that would naturally, without further explanation, be considered an insane delusion. The father also asserts that she has believed that all sorts of abuses had been practiced upon her by her relations. Well, that belief may or may not be founded on an insane delusion, but the fact is said to have been just the reverse. Under the term "moral insanity" only those rare cases should be classed in which there is no decided intellectual defect or disorder. I believe they are exceedingly rare, and this case does not appear to me to be one of them. Certainly, it does not appear that there was no intellectual disorder. The father states she was brilliant intellectually; but we all know that such testimony is not very reliable. The fact that she was observed in a hospital for a period of several weeks, and no marked dementia was detected, has much weight, but I think it altogether probable that the girl would show, if she was watched a long time, some intellectual disorder. Of course imbecility might be expected, in a girl who showed such marked mental disease thus early in life.

The case is an interesting one, and of a kind that is very trying to physicians and others who have its care, but, I would not call

it moral insanity, if the description given is correct and complete, certainly, if such cases are so classified, those considered morally insane, will constitute a larger proportion of the insane than at present.

Dr. STEVENS said: I had occasion to observe and study the case so lucidly narrated by Dr. Hughes, and it is hardly necessary for me to say anything. I rather prefer to hear the opinions or arguments of others. I will just say, however, in regard to the existence of delusions, as conjectured by the gentleman who has just spoken, that this girl at all times was capable of correcting what seemed in periods of excitement to be delusions. In truth they were not delusions. In her calm moments she candidly admitted that she made those charges against her sister and others in a spirit of malice or revenge.

Dr. HUGHES. They were only given in passion: we allege they were not delusions.

Dr. McFARLAND said: I have but a word to say; perhaps nothing to add to the interest of Dr. Hughes' paper. I have seen some parallel instances of the same form of disease, one or two of which I briefly relate. Some of them I did not see, as they came to my notice through correspondence. A very marked case was the daughter of a physician then residing at Memphis, Tenn. She could not then have been more than ten or twelve years old, but, from the description of an aunt who wrote me, showed a precocity in evil that would hardly be believed. Almost every form of vice seemed as familiar to her as to any practiced adept, giving herself up with unblushing openness to libidinous relations with whites and blacks alike. Many years afterwards I learned from the same informant that the girl, a little later, changed in character entirely, married respectably, and her parents having removed to a distant part of the country, was living a life every way exemplary.

Another case occurred in the town where I live. This was a clergyman's daughter who displayed much the same traits as found in Dr. Hughes' case. The father in despair of other remedy made an attempt to place her under Dr. Carriel's care in our State hospital. The jury, summoned as our Illinois juries are, from the chance hangers-on about a court-house, could see nothing like insanity in the case and refused the necessary verdict. The father then came to me for advice, which was, that he make another effort before the court and I would appear as an expert. But I had the mortification of seeing my own opinion held as valueless, by the bucolics in the jury-box, as any other, and a verdict again

refused; one juror remarking as I afterwards learned, "The girl knows most things as well as she ever did." The ending of this case was unhappy. After a wild and disgraceful career at home, she ran away disguised in boys' clothes with a college-student whom she married. The young gentleman's friends, being of the highest respectability and willing to make the best of a bad matter, settled the pair on a farm, which, of course, was not to the taste of the girl whose instincts to evil were as strong as ever. In the briefest of time a divorce followed, and she went to the bad with all speed. It all ended by her throwing herself from a steamboat near Long Branch.

I have taken note of other cases in both sexes where such precocious bent to evil is shown, that mental abnormality can alone account for them. In some of these cases—not especially those I have related—there seemed a certain complexion of mind-disease, that made the case to appear like an arrested epilepsy, which, I suspect, often has more to do with certain abnormalities found in early life than we take into account.

Dr. NICHOLS. Most of the members of the Association are aware that I have always assented to the doctrine of the existence of what is called *moral insanity*, and I should not offer any remarks upon the paper read by Dr. Hughes, did it not appear to me that it may be no more than fair on my part for me to support the side on this question, just now, more or less unpopular in this country, which he has espoused, though I may not agree to all of his views touching the case he has narrated with such minute, pains-taking detail, and, without doubt, accuracy. Neither experience nor opposing arguments have shaken the convictions on this question which I formed at the outset of my career as an alienist. My views upon this subject, have formulated themselves in my mind in this way: Every intelligent person recognizes the fact that there is, in individuals, every grade of difference in their intellectual and moral or affective faculties—that there is no uniformity in their relative strength and activity in individuals, as manifested in the bent and activities of their lives. In the most marked instances, living and historical, which every intelligent man can call to mind, one is intellectually great and his opinions and conduct are the simple logic of the facts within his knowledge, and the circumstances that surround him, while he naturally gives little thought to questions of good or evil, to duty or ambition. On the other hand, all of us have both known and read of individuals who either, as Pollok writes of such, "never had a dozen

thoughts in all of his life," but who "loved and served his God"—who not only had a quick conscience, but a quick sense of duty, and of the moral merits of human conduct—or who, from inherent mental qualities, make their ambitions and interest the guides of their lives and actions. That the distinction I have briefly described is universally recognized, is a strong evidence of its reality; but I believe it exists, not alone, nor principally because it is universally recognized, but because I see it in nature. One man has a superior intellect and a deficient moral sense. Another has a weak intellect—with all the advantages of education and experience, he could not do anything in life that required much thought and reason—but has a quick, correct moral sense. He could guide stronger minds in the line of their duty. Now, having observed those marked differences, in the intellectual and affective manifestations of individual minds in health, I think I should infer, *a priori*, that there would, in all probability, be the same differences in their manifestation when deranged, and, I entertain not the slightest doubt that I have, in fact, witnessed cases in which only intellectual derangement appeared to exist, and others in which the deranged manifestation appeared to be confined to the affective faculties; and numerous cases of the kind are reported, on as good authority as any man has for anything he does not personally witness.

As has been remarked by another, the cases in which the affective faculties of the mind are deranged, to the exclusion of apparent intellectual disturbance, are quite rare in my own experience, but purely intellectual insanity is also rare, though it does appear to exist. It is quite true, in fact, that if one function or power of the mind is affected, every other power is likely to become affected, if the first affection is not soon recovered from.

Perhaps I have reached the peace-loving age of life, when I am more disposed to compromise with expediency, when it does not sacrifice principle, than I formerly was. At any rate, I have come to regard the qualifying or descriptive word *moral* to designate a form of insanity, as unfortunate, for the reason only, that the terms *moral insanity* imply to the popular or lay mind, the idea of an insanity of the moral agency or responsibility, which it does not regard as subject to disease, but only to the influence or possession of a good or an evil extrinsic spirit. While an over-sensitive conscience, if it arises from disease, is as true a moral insanity as is tendency to evil-doing if it comes from the same cause, the popular idea is that those who believe in a moral or affective insanity,

apply those terms only to the latter condition, and that the moral condition to which they are applied is one of wickedness, and that the effect of their use is a compromise with sin, by giving it a soft name. If then, the use of the adjective *affective* should be substituted for the adjective *moral*, I think it would be less objectionable, in the direction just stated. There is, indeed, equal need of an appropriate substitute, for the use of the word *moral*, to designate every treatment of insanity, except its medical treatment, inasmuch as the uninitiated suppose, that what is called the *moral treatment* of the insane, refers to the religious exercises they engage in while under treatment.

I do not at all sympathize with the popular fear—partaken of too much by our specialty—that the recognition of a derangement of the affective faculties of the mind is calculated to screen wicked-doers from deserved punishment. Such a recognition does not appear to me to at all increase the acknowledged difficulty in a limited number of cases, of distinguishing between the irresponsibility of disease, and the responsibility of wickedness in health. Indeed, it appears to me that a recognition of an insanity, in which there is no apparent lesion of the purely intellectual powers, is the only key to a philosophical, not to say correct and just elucidation of a limited number of cases of disordered mind that we are called upon to consider and pronounce an opinion upon.

The remarkable phenomena of the case of the girl presented by Dr. Hughes, are very intelligently, and without doubt truthfully described by her mother, but the opinion of the mother in respect to the natural intellectual capacity of her child, is, as usual, to be taken with some grains of allowance. It may be that the girl's mind suffered from poison or disease, but, I am inclined to regard the case as one of imbecility, both intellectual and moral—of what Ray terms *imbecility of the first degree*. I think it a question whether it be a case of disease or original defect.

Dr. STRONG, said: I have no special remarks to submit to the Association. I would like inquire of Dr. Hughes what the age of the individual is at present?

Dr. HUGHES. Twenty-seven.

Dr. STRONG. What is her present mental status?

Dr. HUGHES. She is a bright girl, and at times when she is actuated by strong external incentives, acts very pleasantly, especially in presence of strangers to whom she is unaccustomed.

Dr. STEVENS. She is well educated.

Dr. STRONG. She is not an imbecile it seems to me.

Dr. HUGHES. No, sir. She is at times quite attractive in her manner. She is well formed and her personal appearance wins for her great sympathy on first acquaintance.

Dr. STRONG. Was her conduct a few years ago as has been described?

Dr. HUGHES. Yes, sir; pretty much as I have described. I observed her personally and others observed her. I did not rely alone on the mother's statement as to her daughter's mental aberration. But I had a desire to see how the mother would describe the moral and mental characteristics of the girl, to see a picture painted, and not by a professional artist, a picture drawn from nature by one of nature's own artists, and I think the painting a truthful one of that form of mental disease.

A more elaborate description might have been made by an expert observer, but the picture is complete enough, whether you call it moral imbecility, if you choose, a term which Mayo proposed to substitute for moral insanity when he saw his dilemma after denying the existence of the form of mental aberration, described by Prichard, or you may call it "reasoning mania," as has been offered by Pinel and others. But with or without a special designation, the fact of the existence of morbid mental condition is plain enough, and the other fact is equally plain of the pronounced disturbance of the affective life, the moral faculties. The characteristic or psychical symptoms are in the affective rather than in the reflective life. I make no contest with gentlemen who wish not to call it moral insanity. I have no objection, if you choose, to concede theoretical, inappreciable, congenital defect. It matters little whether there was congenital or acquired defect, so that we recognize the moral derangement. It matters not what you call those who are affected, the disease exists in the asylums and out of the asylums, and as alienists we must recognize it. It matters not to us whether the people identify with total depravity that change which comes over an individual by reason of disease, making him as different from what he was or ought to be in his natural moral and affective character. Because the public misconceive and misconstrue our views on moral aberration, believing that we mean thus to shield immorality, there is no reason why we should withdraw our acquiescence in the existence of that aggregation of psychical phenomena, which is so characteristic that the moral perversion predominates when we know it exists. I beg Dr. Strong's pardon for taking up so much of his time.

Dr. STRONG. I think I have no further remarks to submit with regard to the views expressed. I ask whether Dr. Hughes sympathizes with the views hinted at by Dr. McFarland, that there may be an epileptic feature in cases of this class? If so, could that be associated with intellectual lesion?

Dr. KILBOURNE. I desire to ask still further the question whether, if the symptoms are truthfully and fully delineated by the mother, this child does not fairly represent what our German friends denominate "psychical epilepsy with convulsive seizure?"

Dr. STRONG. And if so could it be associated with intellectual lesion?

Dr. HUGHES. I think I will answer all the questions in a lump. Perhaps there are some other gentlemen who wish to speak on the subject.

Dr. EVERTS. It seems to me that we are getting into the deepest kind of water when we undertake the discussion of such questions as are raised by Dr. Hughes' paper. We have arrived at a stage of scientific acquisition where we know that metaphysical psychology is of no use to us—where we have just begun to find out that physiological psychology may become useful, and that the present state of psychological science is more remarkable for what is not known than for what has been revealed and established by it.

What do we now know about the genesis of mind?—or about those delicate, perhaps complicated changes of integration and disintegration of brain structures which can not be seen nor felt nor otherwise apprehended while taking place, but which we know must precede and influence or characterize all psychical manifestations? Who knows now to what specific structure or locality to ascribe changes affecting mental manifestations, so as to say, that particular activity constitutes "will," this "judgment," and this "imagination"?—Or that the activities of this region or layer of brain matter are manifested as "moral," while the activities of this other locality or substance are purely intellectual? It is necessary that we know more in order to satisfactorily answer the questions raised by the paper. For my own part, I confess a great amount of ignorance on these subjects. I think we know nearly as much as is known by any one at the present time, but until we know more we are simply speculating. Our wings are in the air but we do not know where we shall alight. To diagnose an obscure case and give it a name, may be the province of the practitioner: it is not the work of a philosopher.

Dr. BUCKE. I would like to ask Dr. Hughes whether there was any hereditary taint in this case.

Dr. HUGHES. There was no admission to me.

Dr. BUCKE. Did you make inquiry on the point?

Dr. HUGHES. I asked about it, yes sir. I think Dr. Stevens would know more about that than I.

Dr. BUCKE. Did you make inquiry as regards the conception of this child, particularly as to whether the parents' minds were in any peculiar condition at that time? I am asking a serious question.

I know positively of two cases of mental and one of moral imbecility which have been traced by me to a condition of great mental depression on the part of the parents at the time of conception of the persons so afflicted. I believe that this is a prolific cause of mental defect and disease. The question is, did it exist in this case?

Dr. HUGHES. No, sir; I made no such inquiry. I was told the circumstances of the family at that time were very good, they were in prosperous circumstances pecuniarily and socially, and not only prosperous but in good health so far as the mother was concerned.

Dr. BUCKE. I thought that Dr. Nichols' analysis of this case was most admirable. I would like in just a few words to carry it a little further. There is no doubt in my mind that the intellectual and moral natures are fundamentally distinct. So that with a good intellect there may be associated (in the same person) a high, medium, or low moral nature, and with a high moral nature a good, medium, or poor intellect. So moral idiocy may exist along with a fair intellect, and intellectual idiocy with an average moral nature. I have seen several examples of each class referred to. Dr. Hughes' case seems to me one in which the intellect being fairly developed, the mental nature is defective—a case in short, of moral idiocy or imbecility. But it seems impossible for the intellect to remain intact without a certain guidance and support from the moral nature, and it is my experience that these cases of moral imbecility develop intellectual insanity, almost without exception, about the period of puberty if not earlier. I believe the case described by Dr. Hughes to be such an one, and that if the girl is not now insane that she will in all likelihood become so before the lapse of many years.

But besides these cases of congenital defect, I could never understand why disease might not as well be manifested by pervers-

sions of the moral, as of the intellectual nature, and I am sure I have seen, over and over again, cases in which there was what may be called moral, without intellectual insanity, but, in such cases I have found (as in the cases of congenital moral defect) that intellectual insanity follows, sooner or later, upon moral insanity, as if (as I believe to be the case) the intellect could not maintain its equilibrium, without the support of a healthy moral nature. I have at the present time in my asylum a woman who became, many years ago, the subject of moral without intellectual insanity, and this condition continued until very lately, but, she has now become subject to delusions, and at times refuses both food and medicines, on the ground that they are poisoned. This is an extreme case but is it not a fact, that in a large proportion of cases, the onset of insanity is shown by moral aberration for a longer or shorter time before the intellect is disturbed? And if so, what is to hinder this moral disturbance existing, even for many years before the intellect manifests disease.

Dr. HUGHES' case, as I have said, seemed to me simply one of congenital moral defect, and I have no doubt that if the girl lives a few more years she will become intellectually insane.

Dr. NICHOLS. Did not Dr. Hughes remark at the close that this person became feeble-minded? I think there was a statement of that kind.

Dr. HUGHES. No, sir. There was a statement made in the description, that she has manifested an extravagant fondness for a new dress, an inordinate fondness for dress.

Dr. EVERTS. A new dress would make her like a child.

Dr. HUGHES. She has also an inordinate fondness for money, and when she has a new dress she acts like a child, happy for the time.

Dr. ANDREWS said: Dr. Hughes has presented this case of a young lady as a typical one of moral insanity. It is written by the mother, and claimed to be all the more valuable because presented by a non-professional observer. The history is an interesting one, but lacks the qualities which such a history should have, and which would, without doubt, have been noted had it been reported by a physician. There is little reference to the state of the health, the only facts of a strictly medical character being the poisoning in early life, and the increased excitement manifest at the catamenial periods.

The presence of definite and positive delusions would seem to remove it from the field of moral insanity, if such a division exist.

Delusions are stated by the mother to have been present during the early years of life, and to have been prominent in the periods of excitement subsequent to her arriving at womanhood. The most marked were that she was repeatedly assaulted, that her property was taken away by her father, and a conspiracy was formed against her by her family. These were accompanied by violent conduct, obscene talk and accusations regarding her sister of immoral acts. The history shows her threats and open violence led to her commitment to an asylum. The fact that she was able to control herself, and to deny the delusions previously, openly and vigorously asserted, is common enough in the life of many lunatics.

Another feature of the case is the marked hysterical element, evinced by the increased excitement at menstrual periods, and the disturbance of the sexual feelings shown by the vile talk about her sister and others. There are evidences of more or less marked dementia, the natural sequence of prolonged mental excitement. This is given in the love for dress and finery: the "child-like" regard for these things, her mother says, has been lately developed. It thus appears that in this, as in other instances, the existence of moral insanity is disproved by an analysis of the symptoms.

There are peculiarities in the case which might lead to honest differences of opinion as to the diagnosis, but without attempting to make any finely drawn distinction, the features presented are sufficient to enable us to classify it as one of mania with a tendency to mental enfeeblement.

Dr. HURD said: There is one additional feature which perhaps has not been sufficiently dwelt upon—the lack of self-control shown by these patients. I think all will concede that when a lack of self-control is displayed by the insane we have one of two conditions, either overwhelming emotions, the effect of delusions concealed or otherwise, which entirely sweep away the reason and will of the individual; or, an intellectual impairment which renders it impossible for him to exercise a proper amount of self-control, under disturbing circumstances. Looking at the case under discussion from this stand-point, it would seem that we have either mental aberration with actual delusions, or an intellectual impairment resulting in loss of self-control to deal with and not a simple case of moral insanity.

The hour of adjournment having arrived the Chair announced the Committee on Nominations of Officers for the ensuing year to be Drs. Nichols, of New York; Reed, of Pennsylvania; and Gale, of Kentucky. On motion, adjourned to 3. P. M.

The Association was called to order at 3 P. M. by Dr. Callender.

The Secretary read a letter from Dr. Godding expressing his regret at being unable to attend this meeting.

Dr. Schultz, from the Committee to Audit the Accounts of the Treasurer, reported that they had examined the accounts, compared them with the vouchers and found them correct, and \$13.13 are in the treasury, and they recommend that an assessment of five dollars be made on each member for the payment of the expenses of the Association, and on motion, the report was received and adopted.

DR. CALLENDER. Will Dr. Hughes please proceed with the description?

DR. HUGHES said: Mr. President, I shall be very brief as the questions were very few and in my opinion not difficult to answer.

In regard to the existence of epilepsy, there certainly was none so far as I could discover. In regard to the existence of epileptoid or epileptiform manifestations, or psychical epilepsy, I was not able to discover any evidence of these either. It is true that psychical epilepsy is sometimes so obscure that even a failure to discover it does not prove that it does not exist. But the suggestion of psychical, epileptoid, masked or larvated epilepsy never arose in my mind from any manifestation of the patient disclosed to me by conversation or observation, nor did that occur to any of the other gentlemen who saw the patient, and all the men are recognized as capable men in the profession and men of standing. I do not wish to mention the names except privately, because I do not wish the case to be located. As to imbecility there was certainly no evidence to my mind, or to that of any other of the alienists so far as I could ascertain, or of any form of congenital mental defect, of sufficient magnitude at least, to be appreciable to ordinary perception. It

certainly would not fall under any recognized degree of imbecility given by Hoffbauer, and in my opinion there was no evidence of imbecility of any higher grade.

Medical men, of course, differ as to the designation they would give to the form of mental aberration described in this narrative, but it is clear enough that, notwithstanding men might differ as to a specific designation, there seems to be but one opinion as to the fact that a form of mental aberration certainly is portrayed in that description.

Now, having less objection myself than some other gentlemen to the term "moral insanity," preferring to describe under that designation not only those forms of mental derangement manifested in marked departure from the natural habits of thought and action of the individual, without an appreciable intellectual lesion, but also those forms of mental aberration in which the affective life is chiefly and paramountly affected, so much so as to give to the disease its chief characteristics, regardless of a minor degree of intellectual involvement, I should of course have no hesitancy in classifying it as a form of moral insanity, while making no quarrel however with any gentleman who might think differently by reason of any theoretical opinions he might entertain concerning the impossibility of affective aberration existing in the mind without concomitant intellectual derangement, and I should have no quarrel with him as to what he might choose to term it; but in my own opinion, Prichard's own views of moral insanity are somewhat misconceived in some quarters. Possibly this may be owing to my own obtuseness, but that is my impression. Now the cases which Prichard describes, embrace, in my opinion, some intellectual aberration co-existent with change in the affective life. But it is clear that he did not intend, under the designation of "moral insanity," to exclude forms of aberration in which the intellect was secondarily and remotely affected. "Moral insanity or madness consists," he says, "in a morbid perversion of the natural feelings, in affections, inclinations, temper, habits, moral dispositions and natural impulses, without any remarkable disorder or defect of the intellect or reasoning faculties, and particularly without any insane delusion. This form of mental derangement," he goes on to explain, "has been described as consisting in a morbid perversion of the feelings, the affections and active powers, without any illusion or erroneous convictions of the understanding, and is sometimes co-existent with an apparently unimpaired state of the intellectual faculties." Further on he says, indeed, that the

"intellectual faculties may be termed unsound, that they act under strongly excited feelings, as a person would if sane and in a passion. Under such circumstances they are liable to err both in judgment and conduct."

Now it is not contended that a person affected with derangement in his or her affective life, should be more free from errors of judgment and of the understanding, in order to entitle it to be designated as moral insanity, than an average number of sane people are liable to be under excitement. Understandings are not all alike. Errors of judgment are common to the rational mind. To err is a human attribute of mentality, and it is obviously illogical and irrational to expect that before we should permit or acquiesce in the use of the term "moral insanity," or "affective insanity," describing that form of mental aberration with which we are all familiar, that we should demand of the individual so affected that he should be sounder in his reasoning powers than the average rational mind. Misconceptions of judgment and misconceptions of fact are common to sane people. Mistaken conceptions are not uncommon to rational minds, and it is not to be expected that there should be nothing of that before we should recognize the existence of a state of disease—call it "moral insanity," or "affective insanity," or "reasoning mania," or whatever term we may choose to invent—it is not to be expected that with such a form of aberration, we could gauge the mind of the affected individual by a more rigid standard than that by which we would measure the average rational mind. That is what I should argue in a case of that kind. Of course I know that there are gentlemen who would differ as to the appellation, and knowing the theoretical basis upon which those differences are made, I should make no quarrel with them or enter any objection to their designating it by some other name. Nevertheless the fact of mental disease still remains in my humble opinion.

Dr. Nichols, from the Committee to Nominate Officers of the Association, made the following report, which was unanimously adopted.

The Committee on Nominations to which was referred the resignation of the office of President by Dr. Clement A. Walker, and the resolution offered by Dr. Chapin relating to the terms of office of the President and Vice-President, and the presentation of an annual address by

the President, respectfully offer the following report; the committee recommend the acceptance of Dr. Walker's resignation and the passage of the following resolutions:

*Resolved*, That in accepting the resignation of the office of President of the Association by Dr. Clement A. Walker, the Association desires to assure him of its high sense of the able, and impartial, and acceptable manner in which he has discharged the duties of that position.

*Resolved*, That the Association has learned with great regret and very earnest sympathy of the sickness that led to Dr. Walker's resignation of the Superintendency of the Boston Lunatic Hospital, which he conducted for many years with great ability, usefulness, and credit to the institution and to himself, and that the reported improvement of his health is highly gratifying to this body, which sincerely hopes that such improvement will continue until his health is fully restored, and that he will yet enjoy many years of health, happiness, and congenial professional labor.

*Resolved*, That the Secretary of the Association be directed to communicate a copy of these resolutions to Dr. Walker.

The committee nominate Dr. John H. Callender for the position of President of the Association, and Dr. John P. Gray for the position of Vice-President of the Association, which will become vacant by the elevation of Dr. Callender from the position of Vice-President to that of President. The committee further recommend that Dr. Chapin's resolution be adopted, and that the terms of the resolution apply to the election at this time, and that the President shall deliver his address immediately after the reading of the minutes of the preceeding annual meeting, and the appointment of the usual committees, the first of which shall be a committee on the nomination of officers. The committee so nominated shall report at the opening of the afternoon session of that day, and the consideration of its report shall be the first business in order at that session, and immediately after the election of President for the ensuing year, the retiring President shall introduce the President elect to the chair, and the latter shall preside until the election of his successor in like manner at the next annual meeting of the Association.

CHARLES H. NICHOLS,  
JOSEPH A. REED,  
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Committee.

Dr. CALLENDER said: Gentlemen of the Association. For the high honor conferred, in calling me to the presidency of this body, I offer you my profound thanks. I must ascribe the preferment, however, to considerations of personal regard, and faithful service in attendance, rather than to any peculiar merit or qualifications I possess. It may well be esteemed a distinction to preside over your deliberations, and I assure you it is sincerely appreciated.

This organization is the oldest national medical association on this continent, and is indeed not bounded by national limits, comprising as it does the Dominion of Canada. Quietly and without vaunting itself, for thirty-six years, it has been steadily accomplishing a work which is not the least among the evidences of the lofty civilization of which North Americans justly boast—the amelioration of the condition, and the conservation of the interests of the insane. Upon these important subjects, while tolerating and promoting the utmost freedom of opinion among its members, it has sought for and uttered the highest scientific results as its teachings, and adopted them in the most practical form. On questions medico-legal and juridicial in character, it has held the scales of scientific truth justly over human infirmity and the rights and interests of society. It has wholesomely impressed public thought and wisely directed governmental action, and the land is to-day dotted with noble monuments to its efficient labors, in the numerous and well-ordered institutions for the insane which grace every State. Its record on all its field of work is clear and high, and challenges criticism.

While occupying this position, I shall be careful to say nothing and do nothing to impair the high character of the body, or to mar in the least its usefulness or integrity, and in such a course I shall best show that your generous partiality is deeply felt. Again, gentlemen, I thank you.

Dr. Rogers offered the following resolution which was accepted and referred to a committee to report at a subsequent session of this meeting of the Association.

*Whereas*, It is almost axiomatic that a definite assignment and division of labor will always produce the best attainable result in all co-operative organizations, and

*Whereas*, This principle has been applied with evident advantage in nearly all prominent scientific bodies, therefore, in order to secure a more certain and thorough collation of the results of in-

dividual experience and research for the benefit of this society as a whole, be it—

*Resolved*, That on the last day of each annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, the President shall appoint committees whose duty it shall be to report at the next annual meeting upon the state and progress of the various important divisions of special science and art relating to the insane, as assigned to and accepted by them, and whose Chairman shall be strictly responsible for the proper productions, and prompt presentations of such reports.

The President appointed on said committee, Drs. Rogers, Strong and Kilbourne.

**THE PRESIDENT.** The next business in order will be a paper to be read to the Association by Dr. R. M. Bucke, of Ontario, Canada.

**DR. BUCKE.** Mr. President. I propose to read a short paper on the Growth of the Intellect. You will find it defective in many respects, and I wish to say by way of preface to it, that I would like you to regard it rather as pointing toward truth, as indicating broadly the direction in which it must be sought, than as an attempt to define any specific truth.

Dr. Bucke then read his paper which was published in the July number, 1882, of the *AMERICAN JOURNAL OF INSANITY*.

**THE PRESIDENT.** The Association has heard the paper of Dr. Bucke upon the Development of the Intellect, and the members have listened to the Doctor with very close attention. Any gentlemen who desire to speak upon the paper is invited to do so, without my calling specially on each one.

**DR. NICHOLS.** I listened to Dr. Bucke's paper with a great deal of interest, I do not rise to discuss it. Indeed, I consider myself quite incompetent to discuss it, but it embraces a curious and learned speculation that is certainly very interesting. Its bold, far-reaching generalizations remind me of an incident whose relation may, without impropriety, momentarily relieve the natural gravity of these proceedings. When he was in this country, a few years ago, I took our distinguished honorary member, Dr. John Charles Bucknill, to a meeting of the Washington Philosophical Society. The paper of the evening gave rise to some discussion concerning the difference in time between the first and second glacial periods,

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and the gentlemen who took part in the discussion were certainly quite free in giving a hundred thousand years here, and taking a hundred thousand there, with the amiable purpose of reconciling their somewhat conflicting views. As we issued from the hall of meeting the Doctor exclaimed, "You are indeed a generous people. The liberality with which hundreds of thousands of years were given and taken, in the discussion to-night, could only be witnessed in a great and free country."

Dr. EVERTS. I do not wish to appear too often before this Association, but I can not permit Dr. Bucke's paper to pass without some expression of appreciation, for whatever may be said of the particulars presented in this paper, the work of Dr. Bucke in preparing it has certainly been in the right direction.

I think the time has come when we are compelled to recognize the generalizations of science, known familiarly as "Evolution," elaborated if not discovered by Darwin and Haeckel, as the world not so very long since was compelled to recognize the generalizations of their predecessors, Kepler and Newton, about which only here or there a parson Jasper is found to raise a question.

It may be true that the theory of evolution, which occupies, if possible, a more comprehensive relation to animated nature than does the theory of gravitation, attraction and repulsion to the inorganic world, is not yet proved by demonstrable facts answering every possible question. Yet the facts upon which the theory is based, already observed and harmonized, are overwhelmingly numerous and important, and are supplemented by inferences so logical, consistent and unavoidable, as to partake of the truthfulness and force of facts observed, that it must be difficult for a thoughtful and comprehensive mind not to accept it as beyond peradventure true.

I think also that this method of studying any subject well illustrated by Dr. Bucke's paper, by beginning with the first or simplest ascertainable fact pertaining to it, and tracing its growth to whatever limit the subject may have attained, or to which we may be able to reach, is the truly scientific, rational and profitable method.

I think this is the way to get at the whole matter of insanity in which we are all so much interested, but about which we know indeed so little because we know so little about the genesis and growth of mind itself. Men are not born men—they are born babies. Mrs. Stowe stumbled on a scientific truth when she made Topsy

say in reply to the question, "Who made you?" "'Spect I nebber was made. 'Spect I grow'd." The human mind is a thing of growth—integrations of activities—incrementations of experiences—limited and moulded by mechanism. As such must it be studied, not only in general, but in all the particulars of its manifestations. Dr. Bucke's paper represents, to my appreciation, an admirable example of the proper method of studying mental phenomena, and is worthy of the greatest commendation on that account if no other.

Dr. HUGHES said: Mr. President. In every attempt to trace words from their roots, a great many absurd terms are coined. It does not follow, that because objection can be made in regard to such terms, that there is not pretty satisfactory evidence existing of the evolution of language from the simple to the compound. I think the paper inculcates a good theory of the evolution of words from the simple to the complex, arising *pari passu* with the evolution of mind. Thus far I am in accord with the essayist. But that it is a tenable theory of the growth of mind being dependent upon word "concepts" I do not believe. That word "concepts" facilitate mental advancement by the easy communicability of mind with mind, can not be denied. I would sustain the paper only in part as a good theory of the evolution of language from the simple to the complex. Words I would regard rather as the outgrowth of the necessities of mind, to communicate the growth and needs of ideas, and the concepts formed in the mind of objects.

Now this view was the same view which prevailed in the profession in the days of Condillac and Warburton, when they promulgated the theory that the mind could only think in words, and which stood in the way of pathological progress in psychiatry, as we know to be the fact—it stood as a barrier before the mind of the great Trousseau, and caused him to hesitate to accept the doctrine of aphasia promulgated by Broca, Bouilland, the Daxes and their confrères and predecessors. Yet to-day the fact that aphasia is not incompatible with ratiocination is established beyond all cavil. Aphasia stands as an immovable barrier to the doctrine that the mind can only think in words, and in my opinion has overthrown the old metaphysical obstacles that stood so long in the way of progress. This pathological fact, therefore, stands in the way of the acceptance of the conclusions of the paper. The inferior animals do not think in words, yet they do certainly have concepts which are responsive in a measure to our own concepts which we

express in words, and which enable them to become fit companions for man. There is a degree of mind in animals which can not formulate concepts into speech.

Dr. BUCKE said: I do not wish to occupy the time of the Association, of which I have already had my share. I will only say in reply to Dr. Hughes' strictures, that we are constantly thinking without speaking aloud, but it does not follow that that thought exists without words. Silent thought takes the form of words, though these are not spoken. As regards animals there is no doubt that many of these have concepts, thoughts, and it is equally certain that many of them have language, though no doubt a very small vocabulary. It does not follow that their language should be vocal: it is thought by some that, for instance, ants have a system of tactile signs which with them take the place of speech.

Dr. HUGHES. Does the gentleman recollect the confession of Professor Lordat made to Trousseau and others in regard to the very fact as to the concepts of words after he had recovered from the aphasia by which he had been stricken?

Dr. BUCKE. I do not recollect.

Dr. HUGHES. He said he could compose, but that he could not shape words and did not think of words.

Dr. BUCKE. I am simply unable to conceive of the formulation of thought without language. If not formulated in words, what form would it have?

The Secretary read an invitation from Dr. E. W. Walker, Secretary of the staff of the Cincinnati Hospital to visit that hospital, and on motion of Dr. Gray, the invitation was accepted with thanks and referred to the Business Committee.

Dr. Stevens offered the following resolution:

*Resolved*, That the Secretary be instructed to furnish certified copies of the proceedings of this Association to the *Alienist* and *Neurologist*.

On motion of Dr. Nichols the resolution was referred to a committee of three, on motion of Dr. Gale increased to five, to be appointed by the President. The President appointed as the committee, Drs. Stevens, Nichols, Reed, Gale and Sawyer.

On motion of Dr. Hughes, it was resolved that the medical press of Cincinnati be invited to be present at the sessions of the Association and take note of its proceedings.

On motion, the Association adjourned to 9 A. M.

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MAY 31, 1882.

The Association, after passing through the wards of the Longview Asylum and examining them and the grounds of the institution, was called to order at 1.30 p. m. by the President.

The Secretary read letters from Dr. A. M. Shew and Dr. A. E. Macdonald regretting their inability to attend this meeting.

Dr. H. R. Mathewson, of the Hospital for the Insane, Lincoln, Nebraska, and Dr. Jas M. Whitaker, Assistant Physician of the State Lunatic Asylum, Milledgeville, Georgia, appeared and took their seats.

Dr. Stearns, from the Committee on Time and Place of Next Meeting, reported that the Committee had agreed to report in favor of holding the next meeting at Atlantic City, New Jersey, at some time during the latter part of the month of May, the day to be fixed at a future time, which was, on motion, laid on the table for the present.

Dr. Hurd read a paper on "Periodic Insanity."\*

Dr. NICHOLS. I agree in general with the doctrines of the paper. The specialty of mental medicine has not produced since their day, more critical observers of morbid mental phenomena, than were Pinel and Esquirol, and no subsequent classification of mental derangement has appeared to me to be a material improvement over that made by those pioneers, and I have substantially adhered to it. I appreciate the difficulties the Doctor meets with in making a satisfactory classification of individual cases that either exhibit symptoms of several recognized forms of derangement or change from one form to another. No multiplication of classes

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\* See this Number of JOURNAL.

could possibly keep pace with the infinite gradations with which the simple or primary forms of manifestation run into each other. The best that can be done in these intercurrent cases is to make the primary form most nearly simulated the basis of a description of the case, in more or less detail, according to circumstances. In recurrent cases the manifestations often not only differ in different attacks, but are particularly confused in the same attack.

In circular insanity, particularly in anæmic conditions, I have found quinine administered in large doses and followed by iron to break the alternations of excitement and depression. Any remedy that makes a profound impression upon the system, as opium in anæmic and tartar emetic and digitalis in hyperæmic cases, will sometimes do it, but this class of remedies should be used with much caution.

The use of conium and hyoseyamus in the treatment of insanity has been revived with much benefit, but these are remedies that should never be prescribed in effective doses in a routine way, as susceptibility to their medicinal and toxic action differs very greatly in different cases. They should at first be administered tentatively in moderate doses, and the dose increased or the medicine withdrawn according to the susceptibility of the patient.

It seems to me that no very definite rule can be laid down in regard to the proportion or condition of the cases that may, with more or less benefit and safety, go home on a furlough or trial. It ought to be left to the discretion of superintendents and the friends of patients, or, in the case of the dependent insane, of the proper authority. Periodical cases are so seldom wholly cured, and have so little of liberty and social life to look forward to, that I think the point of allowing them to go home whenever circumstances will permit should be continually strained. A patient may be sent to a comfortable home when it would be inadmissible to send him to a home of poverty and want. In the latter case he would be better off to remain in the asylum. I have found that sending periodical cases to discreet friends in happy homes is, as a rule, not likely to hasten the occurrence of exacerbations.

Dr. SCHULTZ said: Mr. President. The circumstances into which a patient is likely to be placed after leaving the hospital, constitute a very important item in the decision of the question whether it is prudent to discharge him or not. I believe that many patients who have been fully restored relapse after being discharged, simply because they have no home to go to, at least not what could properly be called a home. What these circumstances are we

often have no means of deciding, and we discharge patients who ought to get along but do not, simply because they are subjected to bad influences which, in their condition, they can escape only while in hospital. My opinion is, therefore, that before sending a patient, who is doing well in a hospital, adrift into the world, with a view to his entire and perhaps more speedy restoration there, it is all-important, indeed essential, to know what influences he is likely to encounter.

Dr. GOLDSMITH. Mr. President and Gentlemen. No general rule can be given as to the management of these recurrent cases any more than other cases of insanity, and this is particularly true during their quiet intervals when the success of a visit at home often depends fully as much on the temperament and circumstances of their relations as on their own conditions. I am inclined to be very liberal in granting these people permission to visit their relations, and have thus far experienced no ill results from the practice. If the patient is liable to resume drinking habits, or is a woman, and liable to become pregnant, I do not favor a discharge from the hospital when the recurrent attacks take the forms of maniacal excitement, and the patient is plethoric and the symptoms are what we usually regard as evidence of cerebral congestion, I have several times seen apparent benefit from the administration of iodide of potassium in pretty large doses, as one hundred and twenty grains daily. I am sure that the drug has an action in some of these cases entirely separate from any anti-syphilitic virtue it may possess, and believe that it consists in the general sedative effect which it has on the circulatory system.

Dr. DEWEY said: I have but one remark to make and that is I have been a good many times agreeably disappointed with the result of allowing such patients to be returned home, in allowing them to be removed sometimes by their friends or family when they assumed the responsibility entirely, not feeling able to recommend it at all. The result has been such that I have got a good deal into the habit of permitting this where the patients have no dangerous tendencies, suicidal or homicidal, especially where the patients have been partly restored, and where they will be respectably kept. With reasonably good environment, I allow them to go much oftener than I formerly believed to be advisable and practicable.

Dr. FISHER said: I was about to make a similar remark to Dr. Dewey's, that some of my patients have derived benefit from making an experimental visit at home, after having long been

hospital residents. I have had specially striking evidence of patients being restored on returning home, after one or two years' treatment in the hospital. When they had apparently got into the ruts spoken of, the going home acted as a stimulus to recovery. In one case in particular in which I did not dare to recommend a discharge, on account of active symptoms, the patient was taken home and not to a very good home, and recovered entirely and immediately, and is well at present. I had several other cases of that sort, where I did not venture on the discharge of the patient, but allowed the patient to be taken home on trial, which were attended with such good results, that I feel it now to be a duty in all such cases to try the patient at home. I do not think that hospitals will ever be any less needed than they are to-day, but I think it is an important question that demands our attention. I have no doubt that we superintendents are apt to get into the habit of believing that patients are better off with us than away; we are apt to think that because we have been accustomed to certain methods, that no other course is feasible, and for that reason I think that we should take the risk of home treatment. But in many cases of long hospital residence, I think we all know the prospect of going home is one of the most powerful motives we can present to patients to induce them to put themselves more under self-control. I have thought much about it since commencing the practice of sending patients home, and fully believe in its efficacy. I have sent them home for short visits, first say for an hour, and then for a day or a night or a week, on trial, until the patient finally has been discharged. In experimenting in this way, it is very soon found what patients are likely to be benefited. I find this practice stimulates other patients to hope that they finally may be subjected to a similar experiment. I do not see any possible harm likely to result from this course. I believe also, that much liberty should be allowed in the matter of visiting. Even with patients in the acute stage of insanity I have almost invariably allowed them to see friends from the outside. There is very seldom in our hospital a single patient who can not receive friends in any stage of his disease. On some visiting days, there are as many visitors as there are patients, and I can see little harm from this source. I used to think, and I suppose most superintendents thought, that it was necessary to seclude patients from the visitation of friends for quite a long period, for months, in some cases six months or a year. I think that is a great mistake. So far as my experience goes, no harm has

resulted from an opposite course, and until I am convinced to the contrary, I shall continue that practice.

Dr. HUGHES said: Mr. President. In these cases of *folie circulaire*, the social condition of the patient must be taken into consideration when the question comes up as to the patient going home in the interval. If the patient who is afflicted with a pronounced form of recurrent insanity be married and young, and the intervals of recurrence short, it would be obviously unwise to counsel the return of that patient home, with the likelihood of the wife or the husband becoming a parent. So much for the social condition of these patients. In the case of young girls and boys and very old people, it certainly would be most desirable to encourage the desire to return home in the intervals of the exacerbations, that is, supposing that we have determined that the case is incurable, or, if not incurable, that it can be treated as intelligently by the home physician, in the interim of the return of the patient to the asylum, which in this case is usually inevitable. We are speaking now of recurrent mania, not of convalescence from ordinary forms of insanity. The period of quiet in these patients is often the best period for observation and study of the cases; it is in the absence of the maniacal excitement—in the absence of the intense depression, during which we can elicit the most satisfactory information from our patients—information on which we can best treat them.

*Folie circulaire* is generally accompanied with a disordered state of the vaso-motor system. The sympathetic system is often more or less implicated in this form of mental aberration, and if we study our cases carefully in the interval of the maniacal seizures—the markedly maniacal seizures—we may discover an increased arterial tension, an accelerated pulse, and other persisting physical conditions worthy of our consideration, and which are amenable, especially at that time, to our remedial measures. Then the question is to be considered, whether it is not better for us to retain the patient in charge, in order to attempt in this interval to effect a change in the pathological condition upon which the morbid psychical manifestations depend. Where the paroxysm has assumed a state of psychical depression, where the patient is intensely maniacal, and before having come out of that, you have discovered that the condition of the patient's circulation is different from what it was during the paroxysm, it is better to keep that patient under observation, and do what you can as a physician to effect a restoration. Probably the medical man of the hospital is

better qualified to attend the case, the two or three months, or shorter period, which may elapse before he will again return into the morbid psychological state. So it is not a subject which can be disposed of in any one manner. The social status of the patient is to be considered, and we have to consider in the interim who is to have charge of him, and whether we ourselves can best study the patient in the hospital and remedy his morbid condition, or whether it can be done fully as well at home.

In regard to the question of returning patients home, the usual argument is, of course, that home is the place at which the insanity received its inception, that often the predisposing causes, at least the exciting and determining causes, are there, that it became necessary to remove the patient from home to the asylum as an essential part of the remedial treatment. We have then to consider the patient's condition, having undergone a change towards apparent convalescence—which is only an apparent convalescence in these cases of *folie circulaire* as we all know—we have to consider whether the exciting cause still remains at home, whether there exist that domestic infelicity or cause there which may have overbalanced the patient's mind, and caused the necessity for removal to the asylum; whether his pecuniary circumstances will be the same again at home, as those which precipitated his mental overthrow. A hundred other questions will come up in the mind of the alienist having charge of a patient of this kind, which he can only satisfactorily answer after a reference to his case-book, and a careful study of the antecedents and home surroundings of his patient.

Dr. STRONG said: I will submit a few remarks on the medical treatment of recurrent mania, especially when accompanied with great motor disturbance. My own experience in the use of the amorphous hyoseyamine of Merck in this form of mental disorder has been satisfactory. I am fully in accord with Dr. Hurd in relation to its efficiency as a controlling agent in recurrent mania. In several instances I have observed that where the hyoseyamine was administered during the premonitory stage of the recurrent seizure, it would greatly modify the symptoms, and in some cases cut short the attack. Of course, the longer the duration of the attack, the more thoroughly and seriously the nervous centers become involved, and hence the advantages gained by modifying, if possible, the severity of the attacks. I have never found any remedy that will accomplish so much, and so speedily, as the hyoseyamine in this special condition—recurrent mania accom-

panied by extreme motor disturbance. Its dose is from the one-tenth to the one-fourth of a grain, and, when administered hypodermically, it seems more efficient than when given by the stomach.

It is sometimes intimated that medicine is of little use in the treatment of insanity, but I do not belong to the class that adopts that view. Medicine, in my view, has its place in the treatment of insanity as well as in other pathological conditions. Take, for example, the disease under discussion. If the motor excitement be permitted to go on unchecked, the waste of tissue reaches a stage wherein nutritive repair may become impossible, whereas, if motor excitement be arrested, this waste is prevented, nervous energy is conserved, and, consequently, you have a better foundation for the patient's nutrition.

**THE PRESIDENT.** The Association must now adjourn in order that members may reach the trains. The discussion will be suspended until the next session.

**DR. MILLER.** Mr. President. Allow me to say we have been very highly honored by your presence here to-day. It has been a source of pleasure and profit, and I shall be pleased to meet you here again at any time in the future.

**THE PRESIDENT.** Without further motion, the Association will stand adjourned to meet at 8 P. M.

The Association, after adjournment, visited the Cincinnati Sanitarium under the charge of Dr. Everts, and spent the afternoon at that institution, returning to the city at 7.30 P. M.

The Association was called to order at 8 P. M. by the President.

The business in order, the report of the Committee on the Time and Place of Next Meeting, was taken up, and it was, on motion, resolved that Newport, R. I., be substituted for Atlantic City, N. J., and that the Business Committee be requested to arrange the time of the meeting. The President appointed as the Business Committee, Drs. Sawyer, Stearns, Fisher, Shew and Curwen.

On motion of Dr. Gundry, it was resolved that the Business Committee entertain no invitation outside of Newport.

On motion, the Association adjourned to 7.45 A. M. Thursday, June 1st, to proceed to Dayton.

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JUNE 1st, 1882.

The Association spent the day in an excursion to Dayton, under the direction of Dr. H. A. Tobey, to visit the Asylum and also the Soldiers' Home, and returned to the city at 7 P. M.

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JUNE 2d, 1882.

The Association was called to order at 9.30 A. M. by the President.

The minutes of the sessions of the two previous days were read and approved.

The Secretary read a letter from Dr. Wilkins, expressing his regret that he could not attend this meeting, and stating that the Institution would be represented by Dr. F. W. Hatch, Jr., Assistant Physician.

The committee, to which was referred the resolution of Dr. Stevens, made the following report which was, on motion, adopted.

The committee to whom the resolution offered by Dr. Stevens was referred, which was to the effect that the Secretary be instructed to furnish a copy of the proceedings of the Association to the *Alienist and Neurologist*, published in St. Louis, Missouri, respectfully report by the recommendation that the Secretary be instructed to permit the conductor or conductors of any respectable American medical journal, who may desire it for publication in such journal, to take a copy of his (the Secretary's)

revised manuscript of the proceedings of the Association immediately after such revision has been completed.

CHARLES W. STEVENS,  
C. H. NICHOLS,  
J. A. REED,  
R. H. GALE,  
JOHN W. SAWYER.

Dr. Rogers, from the Committee on Resolutions offered by him, made the following report which was, on motion, received and adopted.

Your committee instructed to consider a resolution to appoint at each annual meeting of this Association special committees to report at each next following meeting upon the state and progress of some of the important sub-divisions of science and art relating to the care of the insane, begs leave to report its hearty approval of the same, and suggests that the President appoint committees of three on—

- 1st. The Annual Necrology of the Association.
- 2d. Cerebro-Spinal Physiology.
- 3d. Cerebro-Spinal Pathology.
- 4th. Therapeutics of Insanity and New Remedies.
- 5th. Bibliography of Insanity.
- 6th. Relation of Eccentric Diseases to Insanity.
- 7th. Asylum Location, Construction and Sanitation.
- 8th. Criminal Responsibility of the Insane.

JOSEPH G. ROGERS,  
J. STRONG,  
E. A. KILBOURNE.

Dr. Dewey read a paper on the "Differentiation and Segregation of Certain Classes of the Insane."\*

Dr. GUNDRY. I agree with most of the sentiments of the paper, and should have read a report covering pretty much the same ground, except as to advocating the removal of epileptics, of criminals and inebriates from institutions. The paper that I read last year on the same subject will give my views pretty generally. Dr. Dewey has so fully gone over the ground that it is unnecessary to say very much about it in a formal way. I think he said we

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\* See July number of JOURNAL.

shall have to adjust our means to the end to be arrived at. I know of no better way than enlarging our institutions, or the taking out of them of patients not proper to be there. What I want to get at is that epileptics should be cared for. I know it is everywhere the case that, where an epileptic can be got rid of, he is to be taken from the institution. I know an epileptic is not a pleasure to any one inside of an institution, and I know they have to be very carefully protected, or separated from the rest in the ward. I think it does not necessarily follow as to the position in which they are placed, that the proper provision made for them should be away from the institution, although I personally prefer it. In this State, I understand, a movement was made a number of years ago for the treatment and care of epileptics, and that movement is going on. As a gentleman of this State who represents an opposite view of the matter has what we would call elsewhere "a conclusion," I do not feel that I have much more to say than what I have said. I think a separate building would be instrumental for good, that they might be taken care of without reference to the other insane, that it would be better if they were taken out and classified according to their respective qualities, and not as now, in connection with the qualities of the insane they are among. I wish they could be brought together in sufficient numbers to be properly cared for at night. All these things suggest separate buildings or separate parts of buildings for their care. Further than that I do not wish to enlarge.

I could add a remark of my own experience that while epileptics and insane people do not get along well together personally, I have observed that epileptics have a way of helping each other, and are kind to one another, and that they do not resent insane people, so to speak, after the fit ceases. It is not the mere noise, or the shriek that people talk about, it is the appalling falling of a person apparently struck down dead.

An epileptic has sympathy and care for another, and they put up with each other better than with any other class we have. That is one of the reasons which induces me to argue for their isolation. The special thoughts I had intended to speak about I will defer.

I had the pleasure last year of going over Dr. Bucke's institution, and saw those separate cottages that he spoke of, and which, I must say, gave as wide and as much liberty as could be granted separately to insane persons, and the system is carried out with remarkable fidelity also, and with remarkable results in my

opinion. The cottages, which are very plain and almost meagrely furnished, with a fullness of occupants, and members going in and out as they pleased, presented to my mind a very contented family of insane persons, carrying on for themselves. They went about their work by being simply directed by one or two minds instead of being governed more than necessary.

Dr. HUGHES. Do they have any accidents?

Dr. GUNDEY. We have accidents everywhere. I am not speaking of the asylum at all. I am speaking of his small cottages. I do not wish to stand, or to be understood to be in a position I do not occupy, and as I made a remark last year, which might be intended to reflect upon that very matter, I wish now to say that what I saw changed my ideas in regard to the comfort and wants of those classes. I will be honest and candid with all men. This is merely a statement of the fact, because I left another impression by having made a contrary statement.

Dr. HUGHES. I was interested in knowing or ascertaining the possible number of casualties that might have occurred in those immense dining-rooms, and how many patients are aggregated in them, and I ask the Doctor that question. There were two or three hundred patients. I think it was the largest aggregation of patients at one table at any institution in the United States, or Canada either, or anywhere else, so far as I know.

In regard to the paper of Dr. Dewey, I concur in most of the purposes of the paper and its views and aims. I consider that segregation is as essential a matter to be taken into consideration in the treatment of the insane as aggregation. The grouping of patients is a psychological problem which the superintendent has often to solve with a view of favorably impressing the patient's mental condition, and so also the separation of patients one from another, and the taking of patients from the hospital itself is often a psychological problem which demands considerable attention, and upon the proper consideration of which sometimes depends the mental welfare of the patient. My idea about an establishment for the management and care of the insane, is that every such institution ought to have not less than a section of ground, and that in selecting a site, a locality ought to be chosen where the surroundings are pleasant, not restricted to the ordinary fifty or one hundred acres; and that buildings should be located on the ground for the care and treatment of patients who are not requiring constant personal observation, that as many annexes should be constructed on that section of ground as might suggest themselves as

necessary to answer the requirements of each particular institution. I shall not undertake to prescribe the number of separate buildings there ought to be on that section of ground or within the vicinity of the main hospital. I would provide for those patients who become restless and dissatisfied in the main building. There are times in the lives of insane as well as sane people, when change is salutary to mental health, and it is a source of great relief to the superintendent of the asylum if he has, contiguous to the main building and under his entire control, a few well located hospital annexes placed at a sufficient distance from the main building to give the patients sent to them a sense of removal from the asylum—a sense of change. I do not think it would be unwise to have these annexes even more remote than a mile or two. The wisdom of more remote distance, however, should be left to the views of superintendents specially interested.

But for the treatment of the insane in general, for the vast majority of insane which come under our observation, I apprehend that no better plan can be adopted than the present structures. There the patients are easily accessible by the superintendents at all seasons and hours, and the patients are accessible to the place of amusement and chapel in the most inclement weather. The most serious objection I have seen or heard urged by gentlemen who have these cottages connected with their buildings, was the lonesomeness of the detached structures, that the patients who would ask to go there would change their minds when the winter season came on, and when they could not attend the amusements and winter gatherings in the main building regularly.

But I think there is a field for the detached hospital structure, and I think it is much wiser to provide for a certain number of patients out of the main population of a large hospital in this way, than to advocate the construction of entirely distinct hospitals under distinct management for certain classes of the insane. Now, the epileptic insane are insane. There is no reason why distinct and exclusive hospitals for the epileptic insane should be made, but I believe distinct buildings should be made for them and constructed in such a manner as to be adapted to their peculiar malady. The subject of seizures alone will suggest that an epileptic being seized with a fit and falling on the hard floor is not guarded in his rights of protection, if we provide him with a hard floor to fall on like other patients. There are other considerations than patients falling on hard floors or falling against projections and bruising their faces. I do not believe in the building of

separate hospitals especially designed for the separation of demented patients. I have no objection, however, if more buildings can be got in that way and in no other, to ask for them. But for the chronic insane I would not name such buildings hospitals for the incurable.

DR. KILBOURNE. I had not the pleasure of listening to the whole of Dr. Dewey's very interesting paper, hence can not speak at length upon it; however, I heard a goodly portion of it; sufficient, perhaps, to give me a tolerably clear understanding of its drift, and I take pleasure in saying that in the main, the views presented by the Doctor, and especially as to separate provision for the epileptic and criminal insane, are in hearty accord with my own.

As to differentiation in hospital buildings, I desire to say that it has been a growing conviction with me for years, that some provision different from what we now have, ought to be made by each State for accommodation of that ever increasing, chronic but demented class of the insane, that we are called upon from sheer necessity to dismiss and return to the county infirmaries from time to time, to make room for more recent and deserving cases—buildings embodying the best views of the profession upon this subject, but architecturally simpler and more inexpensive than usually afforded—not in any sense fire traps, but neat, well built, unpretentious dwellings that would afford reasonable protection against loss of life, and at the same time confer all the benefits that an enlightened philanthropy ought properly to exact.

In saying this, I do not wish to be understood as in any way reflecting upon hospital construction in the past, for it could not be better—much less as favoring those crude, immature projects, the outgrowth of minds who believe it “not necessary to understand things to talk confidently about them,” but I believe the time has come when the present system of caring for the insane must be supplemented by means and methods that will admit of large numbers being cared for under one management, and at a less per capita cost in the original outlay than has heretofore been thought necessary. Where the conditions favor it, this could be accomplished, to some extent, by grouping together about existing structures few cottages for each sex; but at best, this would prove only a make-shift, and in the end, a more comprehensive plan would necessarily force itself upon the attention of every community.

We have upon the grounds of the State Hospital at Elgin two very tasty brick and wood cottages, one for men, and one for women, costing less than \$300 per capita, the former accommodating fifteen and the latter ten patients. The one occupied by the men I have no trouble whatever in keeping filled, and generally to the satisfaction and apparent comfort of the inmates. The one for women is pleasantly located, carpeted and warmed throughout, and withal furnished with a piano and every convenience and luxury of a well organized home, yet, it is with the greatest difficulty that I can persuade sufficient numbers to leave their comfortable quarters in the main building and take up their abode here. During the summer months, perhaps, not so much difficulty is experienced, but in the winter season our perplexities are many.

The principal and, it seems to me, insuperable objection raised by ladies of refinement and culture, a goodly number of whom we have under our roof at all times, is that they are compelled to share their sleeping apartments with others—the cottage being so arranged that two, three, or more must be associated together in dormitories, on the second floor. This enforced association they find exceedingly repugnant and wounding to their pride, and prefer, for their own comfort, the single, but cheerful rooms off from the corridors of our general wards. Another reason assigned by them is that they are more isolated, that they see nothing of the bustle and activity of the hospital proper, and the relief from the “monotony of asylum life” is, after all, not so real as it has been pictured!

In view of these facts, the question naturally arises whether structures of this kind can be made available for the custody of any considerable number of the insane other than those whose feelings and susceptibilities have become blunted to the finer instincts that usually govern their association with each other. After an experience of four years it has been demonstrated to me that their usefulness is quite limited.

Touching separate provision for the criminal insane, I think little need be said, as it is a subject that has engrossed the attention of this Association on numerous occasions, and, if I mistake not, it is a settled belief with all its members, that no community has any moral right to inflict upon the ordinary insane the enforced association of the criminal classes, as is now practiced in nearly every State in the Union.

Dr. GRAY. I do not rise to discuss the paper of Dr. Dewey, while I think it is a very important one for our consideration. It is to be hoped that the valuable hints thrown out by Dr. Dewey in regard to the several classes of insane of which he has treated would be taken up by the section of the Association created under the resolution and report of Dr. Rogers, and that each class may be clearly designated, and especially those that he has suggested should be treated perhaps in other institutions than our ordinary insane asylums, and that we may have their full report next year.

Many of the propositions that Dr. Dewey has presented are, in fact, pregnant with the most difficult problems that we have to deal with, the care of criminals and the care of epileptics among the ordinary insane, and also a certain class addicted to alcoholic excess. The latter we all recognize are exceedingly troublesome in hospitals whether they are sane or insane. If they are really insane, as the result of dissipation and long alcoholic saturation, there is no difficulty in the law in the various States in holding them under treatment; but if they are merely persons given to alcoholic excess, whether they come to institutions more or less voluntarily or whether under compulsory control, the great majority are likely to give trouble, and the court, as far as the State of New York is concerned, would release them upon their own application or that of their friends. Indeed, as to the Inebriate Asylum of the State of New York—whatever elements entered into making it unsuccessful, and finally induced the State to abandon it or convert it into an asylum for the insane—the courts held that drunkards could not be kept under such restraint for any indefinite time. Although committed under State law as inebriates, such as made application were released.

Still we must all admit that they are a class of people who ought to be looked after. From my own observation and experience, I frankly say that during the period in the history of the asylum at Utica, when more or less were received for treatment, generally speaking they gave a good deal of trouble to the ordinary patients, and often a great deal to their friends, by reason of their confinement in the insane hospitals, except in such cases where they came absolutely voluntarily and were anxious to remain to be rid of their habit.

One problem suggested by Dr. Dewey which is in itself very important on all the points he has thrown out is, how far special provision might be made in any ordinary hospital for the insane, for those recognized as not insane, but simply as persons given up

to excessive drinking; whether a ward or an entire building in proximity to the hospital should be used for that class, being under the care and medical treatment of the medical staff of the general institution. Again, how far such people could be made useful—aiding in their support. I take it these are some of the points which would grow out of the suggestions of Dr. Dewey. Am I right in so understanding?

Dr. DEWEY. Yes, sir.

Dr. GRAY. Upon the brief time for reflection here, since the reading of the paper, I should hardly be willing to give a positive opinion upon the proposition just referred to, but I can see no possible objection to its full discussion, and I repeat, that I hope the committee having charge of that section will take the problems into full consideration, along with any others that may suggest themselves.

In regard to the epileptic insane, it has always seemed to me that we should advocate hospitals for epileptics to include all epileptics who can not remain at their homes, either from difficulties arising from extreme irritability of temper associated with more or less dementia, or owing to the poverty of their families, or by reason of maniacal attacks, which we know are quite common in epilepsy of some standing. We all know that the poor generally have to give up their epileptic children to the care of the ordinary alms-houses. We also know of epileptic men and women without means. As far as I have been able to ascertain, they are a very troublesome class to deal with among the ordinary non-insane paupers, and are often abused by those with whom they are associated, while they themselves are often as dangerous as the vicious class of the poor. As to epileptics who are placed in asylums, my experience is, and I think it must be the experience of every superintendent, that, as has been heretofore suggested, they give great anxiety and great trouble. They are often violent towards others, or the ordinary insane are violent towards them. As Dr. Gundry has suggested, among the great evils of attempting to treat epileptics among the ordinary insane is the terror that is inspired in persons unfamiliar with epilepsy, whether sane or insane, by seeing one fall suddenly as though he were dead. I have witnessed this fact very often indeed. There is probably no State in which there is not a sufficient number of epileptics who need hospital care to constitute a hospital especially for that purpose, and the same might certainly be said of Canada, and I am very glad that Dr. Dewey

has in his paper laid so good a foundation for the further discussion and development of this important matter.

In reference to the question of buildings for these classes and for the insane, I think we should all be glad to have the subject fully discussed. I do not recall that anybody connected with this Association has ever assailed the general hospital system and its absolute necessity. The questions that have arisen from time to time are mainly how proper provision shall be made for each class; how the best care of the insane embracing all classes shall be best accomplished. Dr. Dewey has thrown out many valuable hints, and it is for us to see how they can be properly applied. In regard to the institution which Dr. Dewey has in charge, which he has more clearly outlined than has been done heretofore, I notice that he speaks of a number of persons having escaped, and that some of those who escaped drifted back again into the almshouses of the State. I suppose we have to take into consideration this fact: that the almshouses are, more or less, a part of the general system of taking care of the insane, both in America and Europe. The question is what particular class of cases could be taken care of properly with the ordinary poor and sick, and how they shall be designated. The local authorities are charged with the general care of the poor who are sick or infirm everywhere, and undoubtedly there are quite a number of chronic pauper insane who might be associated and taken care of with the ordinary poor; at least such is the fact, that they are so taken care of. The paper of Dr. Dewey while exhaustive in so many respects, is of equal value from being so largely suggestive, touching problems which we all have before us constantly, and upon which we are called upon from time to time in connection with legislation for the proper care of the insane.

Dr. Rogers then read a paper on "Certain Effects of the Alkaloid Cinchonia," particularly as to its effects as a paretic to the power of accommodation of the eye.

Dr. GRAY. I do not wish to break the general stillness and silence upon this paper; at the same time I can not refrain from expressing gratification that Dr. Rogers has taken the pains to make the careful clinical observations he has here detailed associated with the administration of the remedy and its value. I do not intend to discuss the matter as I should not feel justified in entering upon such discussion, unless I had made similar investiga-

tions in regard to the same remedy. Dr. Rogers deserves the thanks of the Association for what he has done in this direction, and it is a hint to others to do likewise touching various medicines used. By such observations and investigations we shall be able to enlarge or limit the remedies, and understand more fully the application of medicines for the relief of those under our care. We can not do too much in the way of clinical observation in asylums, in the treatment of insanity and other diseases with which it is constantly associated.

Dr. Kilbourne offered the following resolution, which was adopted :

This Association having learned with profound regret of the recent death of one of its oldest members and most earnest collaborators, Dr. Mark Ranney, Superintendent of the Iowa Hospital for the Insane at Mt. Pleasant, Iowa, a man estimable in every quality of head and heart, professional as well as social, it is hereby—

*Resolved*, That a committee be appointed to express in fitting terms its appreciation of the life, character and services of the deceased, said memorial to be incorporated in the proceedings of the present session of this body.

The President appointed Dr. Kilbourne the committee.

#### MEMORIAL OF DR. M. RANNEY.

BY DR. E. A. KILBOURNE.

Dr. Mark Ranney, late Superintendent of the Iowa Hospital for the Insane at Mt. Pleasant, died, after an illness of only one week, from an attack of acute pneumonia, January 31st, 1882.

Dr. Ranney was born in Westminster, Vermont, July 7th, 1827.

His early education was such as could be obtained in the schools of his native State. Determined to pursue the study of medicine, he received instruction under eminent physicians in Providence and Boston, and graduated from the Vermont Medical College at Woodstock, in 1849.

Soon after graduation he received the appointment of Assistant Physician to the Butler Hospital for the Insane at Providence, R. I., then under charge of that distinguished physician and alienist, Dr. Isaac Ray.

During the five years he remained at the Butler Hospital, he so far profited by the opportunities for acquiring experience under

that able teacher, as to secure what was regarded as an advancement in position—an appointment upon the staff of the McLean Asylum at Somerville, Mass., then under charge of the scarcely less distinguished, Dr. Luther V. Bell.

In 1865, after a thorough training of more than fifteen years as assistant physician, he was called to the superintendency of the Iowa Hospital for the Insane at Mt. Pleasant, and the published reports of the Board of Trustees of that hospital thereafter, abound in expressions of intelligent appreciation of the character of the services he rendered.

In 1872, some legislation in the State of Iowa affecting the management of the hospital having been enacted, which was regarded by the Doctor as likely to seriously interfere with his successful administration of its affairs, he resigned the charge of the institution, intending for a time to retire from the specialty, but the Trustees of the Hospital at Madison, Wis., being then in search of a person for superintendent, invited him to that place, whither he went in 1872.

He remained at Madison less than two years, and a vacancy again occurring in the management of the Iowa Hospital, he was by unanimous vote of the Trustees invited to return and assume its management in July, 1874, and thereafter was its able executive head until the time of his death.

Dr. Ranney was well read in all that pertained to hospital organization, management, and the care and treatment of the insane.

He had gathered together a library, ample in volume and scope, for the study of psychological medicine from the earliest to the present time, and all the limited leisure he could spare from ordinary duties was industriously used in the acquirement of something that might inure in a practical way to the benefit of the insane.

In the daily work of hospital life nothing was too small to merit his consideration, and his ability to grasp and carry in mind all the details of hospital work was more than usual.

His executive ability was also supplemented by a rare good judgment outside of strictly professional matters; and it has fallen to the lot of few superintendents to originate and carry to completion so many improvements as were made in the hospital where he labored. Nothing was ever done as a make-shift, but everything was planned and executed for the lasting future.

For several years he had filled the chair of "Lecturer on Insanity" in the medical department of the Iowa State University, to the complete satisfaction of the faculty and students.

He gave much attention to the jurisprudence of insanity, and his services as an expert witness were frequently in demand in the Courts of Iowa.

He died with the harness on after having worn it nearly a third of a century, leaving for emulation a life crowned with good acts springing from generous impulses.

The President then announced the committees under the resolution of Dr. Rogers, and the report of the committee under that resolution.

1. Annual Necrology of the Association: Drs. Grissom, of North Carolina; Wallace, of Ontario, and Stearns, of Connecticut.

2. Cerebro-Spinal Physiology: Drs. Gundry, of Maryland; Chapin, of New York, and Kilbourne, of Illinois.

3. Cerebro-Spinal Pathology: Drs. Clark, of Ontario; Kempster, of Wisconsin, and Mitchell, of Mississippi.

4. Therapeutics of Insanity and New Remedies: Drs. Rogers, of Indiana; Strong, of Ohio, and Gale, of Kentucky.

5. Bibliography of Insanity: Drs. Hughes, of Missouri; Godding, of the District of Columbia, and Graham, of Texas.

6. Relation of Eccentric Diseases to Insanity: Drs. A. E. Macdonald, of New York; Goldsmith, of Massachusetts, and Powell, of Georgia.

7. Asylum Location, Construction and Sanitation: Drs. Reed, of Pennsylvania; Dewey, of Illinois, and Wilkins, of California.

8. Criminal Responsibility of the Insane: Drs. Everts, of Ohio; Andrews, of New York, and Fisher, of Massachusetts.

Dr. FISHER. I wish to say in explanation of this paper upon that extremely difficult and complicated question of the mental status of Guiteau, that it was prepared not as a scientific and comprehensive study of the subject, but merely to give my views of the case and some criticisms upon the manner of trial. It was prepared and read before a small society in Boston, and thinking that the question might be introduced at this meeting, I brought the paper as an easy manner of expressing my opinions, and have been requested to read it. Therefore, if there should be any inappropriateness for this society in any minor particulars, this is my explanation. "Was Guiteau sane and responsible for the assassination of President Garfield?"

Dr. Fisher then read his paper on "The Mental Status of Guiteau."

Dr. HUGHES. Mr. President. It is evident at this late stage of our proceedings that the opening of so vast a subject as a psychical analysis of the character of Guiteau, and the many questions that would arise in connection with his case, the question of civil responsibility of the insane as well as the sane, the civil responsibility of persons whose character is modified by the neuropathic diathesis, the possible character of insanity, the question of mental unsoundness as distinguished from insanity, the legal tests of civil responsibility, "the knowledge of right and wrong," the test of insanity, the degree of disease that may be co-existent with the capacity to resist the tendency to insane acts and a hundred other questions would be involved, and we would at this session reach no end to the discussion. For these reasons, while I should like to engage in the psychological analysis of the character of Guiteau, it is obvious we would get but a hasty and imperfect expression of opinion were we now to attempt to discuss the very interesting paper of Dr. Fisher.

After some conversation relating to the presentation of papers at the regular meeting next year, the Association, on motion, adjourned to 2.30 P. M.

The Association was called to order at 2.30 P. M., by the President.

Dr. Gundry, from the Committee on Resolutions, made the following report, which was unanimously adopted.

The Association of Medical Superintendents of American Institutions for the Insane, before separating for another year, desire to record their grateful appreciation of the generous hospitality received from the citizens of Cincinnati, and their hearty thanks for numerous invitations to visit their celebrated hospital and other institutions, which want of time at their disposal alone prevented them from accepting.

To the medical profession we are greatly indebted for their cordial welcome and elegant entertainment where, as brethren engaged in different departments of the same great work of healing the sick, we learned to know each other, or to renew

those old time friendships which diverging paths in life had seemed to efface. We rejoice at every opportunity thus afforded to strengthen the ties that bind us to our common profession, for we remember that to the general profession is largely due the origin, development and progress of the institutions we represent, and to their fidelity and watchfulness must we look that the standard of qualifications of their medical officers is maintained, and the honor and general interest of the profession therein protected.

To the Directors of Longview Asylum and Dr. Miller, its excellent superintendent, we owe our thanks for the opportunity afforded of visiting and inspecting that institution, whose admirable arrangements and beautiful surroundings attest the wise liberality of the county, which has provided so excellent a refuge for its sorely afflicted wards, while the present appearance of everything in and about the institution shows that no relaxation has been permitted in the labor and care required for the development of the plans so wisely initiated.

To the Trustees of the Cincinnati Sanitarium and Dr. Everts, the superintendent, we are also under many obligations for their attention in showing us the cheerful and elegant institution they have charge of. We shall not soon forget the kind hospitality we met with, nor the pleasant and tasteful home so well adapted to the class of patients for whom it is designed.

To the Board of Trustees and Dr. Tobey, the superintendent of the Dayton Asylum for the Insane, we tender our acknowledgments for their considerate attention in providing an excursion to Dayton for our benefit which enabled us to view many points of interest, the Soldiers' Home, near that city, and the asylum under their care, and to partake of their generous hospitality.

The short time we could devote to visiting the asylum we deeply regretted, but it was sufficient to impress us all with the good taste displayed in all the appointments in the building and grounds, the admirable condition of every department, of the "home-like" character of the wards, and the care and attention to the individual comfort of the patients confided to their care. Everything we saw gave evidence to the liberal and wise public spirit of the State of Ohio in the foundation, equipment and support of her benevolent institutions, of which this asylum is but one of a large and noble group.

The pleasure of our visit to the Soldiers' Home, or National Asylum for Disabled Volunteer Soldiers, was greatly enhanced by the courtesy extended to us by Gen. Patrick, the gallant Governor

of the Home, whose attentions enabled us to see many of the interesting features of the beautiful institution, and by Chaplain Earnshaw, whose genial attentions contributed to the same end. The unwearied attention of Assistant Surgeon Dunlap, in pointing out all matters which had a special interest, demands our most cordial acknowledgment. Words are inadequate to express the delight we experienced in wandering over those beautiful and capacious grounds whose capabilities have been improved by the highest art of the landscape gardener, or the feeling of national pride at the magnificent scale on which comfortable accommodations have been provided for the declining years of those brave veterans whose disabilities have been contracted in fighting the battles of their country.

In this connection we refer to one matter with regret. The retention of several insane persons and many afflicted with epilepsy in the institution can only be justified by necessity, and it is to be hoped that steps may be taken for their admission into the Government Hospital for the Insane, where they can be suitably cared for.

Messrs Gilman & Sons, the proprietors of the Grand Hotel, have placed us under obligations for numerous courtesies which have contributed to the pleasure of our visit, and for the use of the commodious parlor in which we have held our meetings.

Last, but not least, the Reporters of the *Commercial, Gazette, Enquirer* and *Star-Times*, have won our kindly remembrances by the faithful reports of our proceedings and their many acts of courtesy to each of us.

RICHARD GUNDRY,  
EUGENE GRISSOM,  
HENRY M. HURD.

On motion, the Association adjourned to meet in Newport, R. I., in June, 1883.

JOHN CURWEN,  
*Secretary.*

## THE TREATMENT OF PERIODIC INSANITY.\*

BY HENRY M. HURD, M. D.,

Medical Superintendent of the Eastern Michigan Asylum, Pontiac, Michigan

Cases of typical circular insanity, so-called, characterized by alternate periods of great excitement and of profound depression are comparatively rare. In the majority of instances, the mental disease when a tendency to periodicity exists, assumes one type or the other. There is either profound depression of months, or even years' duration, followed by comparatively mild periods of excitement or of elation; or, on the other hand, there is persistent and prolonged excitement followed by brief depression or temporary mental enfeeblement. There is rarely such an accurate balancing of the two conditions as the classic descriptions of *folie circulaire*, in which the patient is at one extreme or the other, would indicate. It has long been an impression that many of the cases which were described as of melancholia alternating with mania, were really cases of recurrent or periodic mania, with intervals of quiet due to temporary dementia, or cases of melancholia with brief remissions. In practice I have usually termed one form persistent mania, and the other melancholia, being governed in each instance by that characteristic which seemed most prominent and which gave type to the disease. Strictly speaking, the condition of patients where insanity has assumed a periodicity is never a natural one. The individual is either emerging from excitement or depression, or is preparing for an attack, or is

\* Read at the annual meeting of the Association of Superintendents of American Institutions for the Insane, held at Cincinnati, May 30-June 2, 1882.

undergoing one. At the same time, in many cases, there is a period during which active symptoms are not present, and the patient seems to be nearly well.

The majority of cases of periodic insanity are females. Where it exists in males it is usually found that a very strong tendency to insanity has been inherited. The disease is also usually developed comparatively early in life, and generally about the age of puberty. It is not difficult to explain the greater liability of females to this form of mental disease. They possess a more impressible nervous constitution and a physical organization of greater complexity, with the added liabilities of uterine disease, menstrual disorders and puerperal conditions. A tendency to periodicity also marks, to an unusual degree, the whole affective life of a female. It is as if the regular recurrence of menstruation, with the varying mental states which accompany it, had left its impress upon the whole physical nature of woman, giving rise to exacerbations and remissions in the symptoms of mental disorder. However this may be, it is undoubtedly true that in periodic insanity nature makes an effort—oftentimes a persistent effort—to bring back the individual to a state of health, but fails through an inherent defect of his nervous organization, and he falls again into excitement or depression.

It is not my intention to weary you with a detailed description of these cases. They are a burden to all of our institutions, and their care involves greater anxieties and responsibilities than any other class. Many of them develop perversions of sentiment and causeless aversions to attendants or medical officers, or display an ingenuity in devising complaints, which is demoralizing to a whole staff of attendants. When depressed, they are meek and tractable, and when not depressed, they are a source of evil to asylums and that continually. It is my de-

sire rather to call attention to a few practical points in reference to treatment; and especially to speak relative to the disposition to be made of such patients. What should be their relations to asylums? Ought they to be retained continuously under treatment, or is it advisable to send them home between the exacerbations of their disease, at a time when they have regained a condition of comparative health, with the certainty that sooner or later an attack of excitement or depression will necessitate a return to the asylum? It has generally been my practice to retain such persons continuously under treatment, with the hope that through prolonged residence in the asylum, under its regular routine, and with its freedom from disturbing influences, the tendency to periodicity would be arrested. I have thus far failed to find a single case of recurrent mania in which this tendency has been thus arrested. Inasmuch as in the asylums of Michigan it has not been customary to send away cases of chronic insanity to infirmaries or county receptacles, an opportunity has been afforded to follow these relapsing cases for a series of years, and it is therefore possible to speak with some degree of confidence upon this point. The utmost benefit which has resulted to such patients from continuous treatment is fairly illustrated by the following case: A female at the age of sixteen years, in consequence of overstudy, had an attack of maniacal excitement of several months' duration, but was thought to have recovered without asylum treatment. Within a year she had a second attack which began in autumn and lasted through the winter. Each year thereafter she had a similar attack, until she reached the age of twenty, when she was placed for the first time in an asylum for treatment. When the attack under which she was suffering when admitted had subsided, she had no return of ex-

citement for eighteen months, and the interval was subsequently lengthened to two years. It was noticed, however, that the lengthening of the period of composure was followed by a corresponding increase in the duration of the period of mental disturbance. The period of actual maniacal excitement was not longer, but it was preceded by a period of considerable mental elation of several months' duration, and was followed by a period of irritability and of great perversion of feeling of equal duration. She was transferred to the Eastern Michigan Asylum in August, 1878, after being under continuous treatment in the Michigan Asylum, at Kalamazoo, for nearly thirteen years. She was then free from mental disturbance, and had been for several months. She was able to take a room in the convalescent hall, and was in a comparatively good state of health. She was free from marked dementia, and had the characteristics of one who was convalescing from a severe attack of mental disease. Had her friends shown any desire to remove her I should have acquiesced in the step, although I knew that she was not well. She remained in this comfortable state two and one-half years, or nearly three years from the preceding attack of excitement. A period of mental disturbance of six months' duration then followed, characterized first by great elation, afterwards by loss of self-control, and finally by morbid irritability. This gave place in October last to a condition of mental quietude with some dementia which exists at the present writing. The results in this case have probably been exceptionally good, as the patient possessed considerable original vigor of constitution and had received an education; and yet the effect of nearly seventeen years of continuous asylum treatment had not been sufficient to arrest her disease. Many other similar cases might be cited. Their testimony, however,

would be equally unfavorable to the curability of this form of insanity.

The failure of continuous asylum treatment in the above and in similar cases suggests the inquiry whether or not it is judicious to persevere in it. Is there not a possibility that this patient might have spent a portion of the above mentioned seventeen years at home, and is it not probable that by so doing additional motives could have been given to her to make an effort at self-control? There is danger that patients will fall into ruts. The routine of an asylum affords a safeguard from disturbing influences, but it does not furnish a stimulus to effort. Patients become indolent and irresponsible in asylums, but when sent to their homes often develop an energy and force of character which is surprising. I now recall a male patient who, after eight years of continuous asylum treatment, during which he had attacks of excitement at intervals of about eighteen months, so far recovered his health as to be able to return home and to engage in active business for four years, at the end of which time he had a recurrence of excitement. It always seemed probable that this comparatively long period of immunity was due to the tranquilizing influence of regular employment, and the stimulus of the hope that he would be able to reside permanently outside of the asylum. It is not wise to destroy such hopes. If a patient possess sufficient self-control to permit his discharge and enough mental vigor to engage in useful occupation, he clearly should have a trial of home life. He may break down, and probably will eventually, but the asylum will be fresher to him when he returns and he will not be any the worse for the trial. In the case of married patients, male or female, the question of this experimental discharge is complicated by a possibility that children will be begotten during these absences from the asylum.

It is a matter of experience that these cases of periodic insanity usually develop gradual perversions of feeling towards those who care for them during their successive attacks of mental disturbance. Every attack leaves as its memento in the patient's mind a grudge against somebody, until finally the accumulation of grudges renders him a very trying and uncomfortable person. If he mingles with the world he usually forms a juster estimate of the true value of the trivial sources of irritation which formerly engrossed his thoughts and perverted his sentiments, and learns to regard the asylum as a place of refuge and succor, rather than of continuous confinement. Thus much for recurrent or persistent mania.

When the type of the disease is melancholia, the prognosis is not so absolutely bad as in the last class of cases. Many cases of melancholia after many relapses finally regain a good degree of health and are able to reside at home. In these cases benefit is frequently derived from a removal from the asylum. In all cases where there is a settled depression without active suicidal impulses or active distress, an experimental removal is justifiable.

If the period of remission in either of these classes of cases is not distinct enough to permit the experimental discharge of the patient, or does not last long enough to render such discharge advisable, much benefit can often be derived from the use of remedies to avert attacks of depression or excitement. In several instances a moderate dose of hyoscyamia administered upon the eve of an outbreak of mania has been sufficient to arrest it. In one instance the occasional administration of one-twentieth of a grain of hyoscyamia to an elderly gentleman arrested his disease for many months, and he was finally able to return home upon trial. In this case the effect of the drug was to

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produce intoxication which lasted several hours and was followed by a deep sleep, from which the patient awoke clear in mind and free from mental disturbance. I formerly tried *cannabis indica* in melancholia with the same design, but did not attain equally beneficial results. It is now my custom to use codeia or citrate of caffeine instead. It is also of great service to move these classes of cases about from hall to hall. In this manner their delusions are prevented from taking form and attaching to their immediate attendants. The restlessness also which is eminently characteristic of periodic forms of insanity is thus in a measure relieved.

The constant tendency of friends is to remove relapsing cases during the period of elation. This is unwise, as the danger of relapses is much increased by the restless activity which accompanies this stage of the disease. The patient requires the quiet of an asylum during the period of elation much more than at any other time. Removals should only take place when the patient is composed and gives promise of maintaining good self-control.

## THE PLEA OF INSANITY IN THE CASE OF CHARLES JULIUS GUTEAU.

BY JOHN CHARLES BUCKNILL, M. D., F. R. S.

Before these pages appear, the fate of this notorious assassin will have become irrevocable, and this reflection enables me with greater freedom to attempt to extricate an opinion upon his mental state from the torrent of argument which has not ceased to accompany and to follow his trial. Unavoidable and unnecessary interference with the course of justice in any country by the people of other countries is to be deprecated, and recent events teach us that the citizens of the United States stand in especial need of example as to this international obligation from ourselves. With regard to political crimes, this rule of national conduct is of still more importance than with regard to common and vulgar murders like that by Lamson, for citizens of the United States so frequently display self-consciousness with regard to those political institutions upon which they delight to think that all the world is gazing with envious criticism, that they can scarcely be expected to bring themselves into the frame of mind of wishing to do simply that which is right and just, without admixture of feeling as to what the world will think of it.

This feeling may well be illustrated by remarks made at the important discussion on Dr. Hammond's paper upon Guiteau which took place at the Medico-Legal Society of New York on the 1st of last March. Dr. Hammond himself said that "to shut our eyes to his (Guiteau's) exact condition, and to try to flatter ourselves that he was of normally constituted mind when he shot the President, is not cowardly, but it is

impolitic. It will lead to the erroneous conclusion that there was a sane man, in full possession of his mental faculties, capable of killing the President of the United States for the purpose of uniting the two wings of the Republican party." And that excellent surgeon, Dr. Sayre, tried to bandage up the intelligence of his hearers by the still more emphatic assertion that "It would be better that Guiteau should be shown a lunatic than that the idea prevail that any one other than a maniac would dare to shoot the head of the nation in this free and enlightened Republic."

If this argument is admissible, the execution of Booth for the assassination of President Lincoln was a mistake; and if Guiteau be respited, as was demanded in this discussion, to show that "a Republic can do what a Monarchy did when Lord Erskine defended Hatfield," then, indeed, the lives of Presidents will be insecure, and the District Attorney will have good ground for the expression of his fear that, in the easy accessibility of the President to all comers, the simple forms of the American Government contain an element fatal to its permanency.

But these political aspects of Guiteau's case, while tending to warn foreigners from premature criticism, and marking as impertinent and officious such conduct as the circulation in this country by American citizens of petitions to be signed by Englishmen in favor of Guiteau's respite, are, or ought to be, entirely foreign to the medico-legal consideration of the question as to whether Guiteau was or was not insane, and so insane as to be irresponsible.

And this is not a question whether or not the criminal is different from other men, but whether or not he is different from them in a certain manner, and from a certain cause. Every man who breaks the laws must

necessarily be different from the men who make and obey them, and therefore Mr. Corkhill well said in his opening speech, "Crime is never natural. The man who attempts to violate the laws of God and society goes counter to the ordinary course of human actions. He is a world to himself. He is against society, against organization, and of necessity his action can never be measured by the rules governing men in the everyday transactions of life."

But this consideration appears to have been very much lost sight of by the many American physicians and lawyers who have written pamphlets and made speeches, apparently with the view of exonerating Guiteau because he was not like other men, and especially other American men who could not possibly entertain the idea of "daring to shoot the head of the nation in this free and enlightened Republic;" or because, as Dr. Folsom remarks, "he had lost those faculties of mind which come latest in the evolution of a high state of civilization, namely, a nice sense of right and wrong, and a free recognition of what is due to others than one's self." He had lived among the Perfectionists without becoming perfect, and it may even be admitted "that he was not normal," whatever that may mean when applied to a man. But was he sane or insane; and if insane, was he responsible or irresponsible? This issue, which was formally tried at Washington, is clearly distinct from the one which has since been informally tried in pamphlets and discussions at New York, Boston, and elsewhere, upon the assumption that any man who is not absolutely sane, and therefore theoretically insane, ought never to be punished. What? Will you advocate or approve the execution of an insane man seems almost always to have been the *quæstio subaudita*. And the right answer would

be—that must depend upon how you define or describe insanity. Allow me to define or describe its conditions with reference to responsibility, and I certainly would never consent to the execution of any insane offender; but I may very possibly dispute or deny the exonerating power of insanity according to your definition of it. One of Guiteau's medical witnesses did indeed unconsciously expose the argument of irresponsible lunacy to the *reductio ad absurdum* by his estimate of the proportion of his fellow-citizens whom he considered to be insane. I forget the exact fraction, but it was something so little below a moiety of the nation, that if correct, the majority ought to be extremely anxious as to what the insane minority would do with them if they were able to combine and prevail. An exception, however, to this line of thought was afforded by Dr. Hammond's paper above alluded to, and in which he endeavored to show that Guiteau suffered from the Mania without Delirium of Pinel; strongly, however, expressing the opinion that the condemned man ought to suffer "the full legal penalty for his crime, and be executed with the distinct understanding that he is a lunatic deserving of punishment." Dr. Hammond argued that "there is no necessary connection between medical insanity and legal insanity;" and if by this he means that medical insanity includes far more than legal insanity, I entirely agree with him, for, strictly speaking, every deviation from the standard of mental health produced by disease is a state of medical insanity. That is to say, it is a symptom of disease which the physician may be called upon to give advice about, or to treat by appropriate remedies, but which might afford no justification for any legal proceedings whatsoever. And this proposition, which is tenable and reasonable, is the opposite of the one which was main-

tained by Guiteau himself, namely, that he was legally insane, but not medically insane, or rather, as he put it, "I believe that I was insane in law, but not in fact." But insanity in fact includes insanity in law, unless insanity in law is a fiction, which no one can suppose it to be. It may be right or wrong for the lawyers to draw the line through the field of insanity where they have drawn it, and to enact that all on one side thereof shall exonerate a man from responsibility, while on the other side thereof a man shall be liable to punishment. But it would seem that for the practical purposes of the rough justice with which mankind must be satisfied, it is necessary a line must be drawn somewhere, for it is impossible to exonerate from punishment all criminals who deviate from the normal condition of sane and reasonable men. Indeed, if morality is natural, we must admit that no such criminals can exist, since, as a matter of fact, we can find no criminals who are not mentally in disaccord with existing circumstances. Guiteau may be such a criminal, or, as one of his most ingenious defenders has said, he may be "simply an anomaly in the fourth quarter of the nineteenth century, and only a type of an earlier civilization than ours." That the rules of law should be so elastic and fluctuating as to adapt themselves to all anomalies of character, is impossible, while man's knowledge is so dim and his powers so imperfect that he can not inflict the same punishment for the same offences upon apparently healthy criminals without the grossest inequality of suffering. It follows from these considerations that all the discussion which has raged with regard to the punishment of insane offenders has had its origin in the persistent attempt to review and amend legal rules according to medical principles, or, as I have long ago pointed out, from the fallacy of regard-

ing something definite, that is to say, legal insanity, as if it were insanity in general, which is the old fallacy of changing the *argumentum de dicto secundum quid ad dictum simpliciter*.

For there can not be the shadow of a doubt that *secundum quid*, that is to say according to the law on the matter laid down by the Court, Guiteau was responsible for the assassination of President Garfield, and justly amenable to the capital punishment to which he has been condemned. The most simple statement of the circumstances immediately preceding and attending the crime can leave no doubt upon any reasonable mind that Guiteau did ~~not~~ know the nature of the act he committed, and that he knew it was wrong, and contrary to the law. If he knew this he was legally found guilty and condemned. Having regard to the notoriety of the facts, it seems superfluous to attempt the proof of this limited proposition.

But the wider and more interesting question to medical men may perhaps still be considered unanswered, namely, was Guiteau in any degree or in any manner insane? Could he be said to be insane according to the *dictum simpliciter*? A medical man is essentially a naturalist, and is always anxious to arrange his case in the right class, and to name it correctly. Must Guiteau, therefore, be considered an insane man who was held responsible? One of the American pamphleteers on the subject asserts broadly, "that all our leading authorities in diseases of the nervous system, not one testified that Guiteau was sane," a statement which can only be considered as having some foundation in truth by a peculiar interpretation of the meaning of the phrase, "leading authorities in diseases of the nervous system," for most undoubtedly a large proportion of the leading authorities upon in-

sanity in America testified with unhesitating directness that Guiteau was sane.

But if Guiteau was not irresponsibly insane, can it be really shown that he was insane in any other degree or manner? Can it be shown that his mind was in any way deranged from the effect of disease, that is to say, in a state of medical insanity? Or failing this, can it be fairly argued that Guiteau suffered from a form of insanity which corresponds to none of the medical types of insanity, and which was not connected with bodily disease, but which was the growth of a lifetime, and the slow development of several influences? Both of these positions seem to have been taken by the defense at Guiteau's trial, and they certainly have both been assumed in articles and pamphlets which have been published since his condemnation. These assumptions or suppositions have been a good deal mixed, but it is desirable that they should be considered as much apart as possible, for if the real presence of medical insanity could be shown, it would not be needful to enter into the more arduous argument as to the existence of social insanity, or insanity of character, or of development, or whatever else the supposed condition may be called. With regard to the first proposition, namely, whether medical insanity, or the insanity of disease, could be established, we are bound to remark upon the fact that the several authorities upon this subject have each attributed some different kind or type of insanity, and that no two of them seem to have been of the same mind upon the subject.

Dr. Hammond\* considers Guiteau's type or kind of insanity to have been the Mania without Delirium first described by Pinel, which, as he interprets the illustrious Frenchmen, "may be continuous, or characterized

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\* New York Medical Gazette, March 18, 1882.

by the occurrence of periodical accessions. There is no marked change of the functions of the understanding, the perception, the judgment, the imagination, the memory, &c., but the perversion of the emotional faculties, and *blind impulses to the perpetration of acts of violence, or even of sanguinary fury*, without its being possible to recognize the existence of any dominant idea, or any illusion of the imagination to which the acts in question can be ascribed."

But surely this is in no wise a correct description of Guiteau's case, who never displayed the slightest inclination to blind impulses to acts of violence or of sanguinary fury, but whose conduct was in a remarkable degree cool, calculating, and foreseeing. Pinel's description, the accuracy of which every experienced alienist must have recognized, applied solely to the cases of *Mania* to which he himself confines it by his designation; and to say that a man who was capable of living in the publicity of hotel society without attracting attention to his conduct is a *maniac*, is a perversion of the term, at least, as it was used by Pinel, and therefore as we are bound to accept his meaning of the term used by him in his delineations of the types of insanity he had observed. It is true enough that since Pinel's time other observers, or perhaps it would be safer to say writers, have described long-lasting cases without prominent symptoms in which these blind impulses to sanguinary fury have existed without defect of the understanding, and that the attempt has been made to establish such cases as a type of insanity under the designation of homicidal mania. According to the theory of this supposed type of insanity, the blind impulse is to destroy human life without forethought and without purpose, and therefore it does not apply to Guiteau. But it would be obviously unfair to include

Dr. Hammond among these speculative pathologists who would certainly not accept the conclusion that a person suffering from such form of disease ought to undergo the penalty legally due to his actions. It seems therefore enough to point out Pinel's delineation of *manie sans délire* does not apply, as Dr. Hammond supposes, to the case in question. It is curious that while Dr. Hammond, who recognizing in Guiteau a distinct form of medical insanity, thinks nevertheless that he ought to suffer the extreme penalty of the law, Dr. Walter Channing and Dr. Charles Folsom, who have more difficulty in deciding upon distinct form of medical insanity in him, think that he ought to be exempted from the punishment attached to his crime. Dr. Channing\* says, that "to say how insane Guiteau was, or to what special class of the insane he belongs is extremely difficult." He considers "he resembles many of the lunatics who possess a mania for writing." He also thinks that "an exhibition in all ways so extraordinary as the conduct of Guiteau at his trial is not to my knowledge on record; and it is not too much to say that it would be a disgrace to American jurisprudence were it not so explainable on the ground of insanity."

Dr. Channing also thinks that Guiteau had insane delusions, especially the delusion that he, "an insignificant good-for-nothing," was "entitled to one of the most important offices in the gift of the Government;" and another delusion, "that there was a political necessity to destroy the President to secure the country from a civil war." But Dr. Channing thinks: "It was unfortunate that Guiteau's counsel laid such stress on inspiration, as its existence as a delusion could be easily disproved, and thus the most important element

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\* 'The Mental Status of Guiteau.' Cambridge, U. S.  
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of insanity for the defence could be shattered. The real elements of insanity hardly came to the surface and the prosecution therefore had little to disprove beyond insanity in the father, and inspiration in the prisoner."

There is some likelihood, however, that the more general opinion will be that Guiteau, to say nothing of his counsel, exercised a sounder judgment than this medical advocate when he said, "If the jury believe that I believed, that I had a special inspiration to remove the President, then they must find me insane. I believe that I was insane in law, but not in fact." Clearly the only point on which delusion was debatable was that of the asserted inspiration; while the delusions so-called by Dr. Channing are like many common beliefs among ignorant and excited men in countries where the time is out of joint. To stamp them as delusions would shield from legal repressions the most dangerous elements of political disturbance.

With regard to Guiteau's conduct in court, "which would be a disgrace to American jurisprudence were it not so explainable on the ground of insanity," the full validity of the excuse can scarcely be expected to be felt in countries where the procedure of American jurisprudence is not admitted to be faultless. Perhaps it may fairly be considered in conjunction with Dr. Sayre's proposal that Guiteau ought to be found a lunatic in order to prove that no sane citizen could take the life of a President of the free and enlightened Republic, as an amusing example of vaunting patriotism. The real explanation, however, of Guiteau's conduct in court was afforded by Judge Cox in his charge, wherein, quoting the Constitution of the United States, he shows that in all criminal prosecutions the accused has the right "to be confronted with the wit-

nesses against him," and calls to the mind of the jury that the declarations of the prisoner during the trial "could not have been prevented except by resorting to the process of gagging him. Any suggestion that you could be influenced by this lawless babble of the prisoner would have seemed to me simply absurd, and I should have felt I had almost insulted your intelligence if I had warned you not to regard it." The most competent witnesses testified to the opinion, founded upon observation, that Guiteau was playing a part during the trial, by which we suppose they meant that he was endeavoring to impress the jury with the belief that he was insane. If so, he certainly played it badly, for not only did he fail to impress the jury with the belief in his insanity, but he appears to have left the impression upon most of those who have only read the records of the trial, that he was sane during the trial and quite capable of self-control.

The carefully-balanced opinions which Dr. Charles Folsom\* has expressed with his usual moderation are not more convincing than those already referred to, and would have left any one who might have had to act upon them in a state of complete bewilderment. The crime, he thinks, was the result of criminal motive and insanity in inextricable combination; but the kind of insanity from which the criminal suffered he can not decide upon. If it were "chronic subacute mania of a recurrent or paroxysmal type, it seems to me that his mental condition at the time of his trial indicated responsibility;" and Dr. Folsom seems to hesitate between this type of chronic subacute mania, and moral, affective or impulsive insanity, and lastly between these and a slowly progressing form of general paralysis of

\* 'American Law Review,' February, 1882; *Boston Medical and Surgical Journal*, February 16, 1882.

the insane, the period of incubation of which he thinks may be the whole previous lifetime. Dr. Folsom also thinks that Guiteau "shot the President under the influence of a delusion," but what this delusion was he does not indicate, although he excludes the delusion of inspiration, as an "afterthought adopted as a means of escape from the gallows, of which he has proved to have made no mention in his early explanations of the murder."

In passing, it may be remarked that there was not one scrap of evidence of any paroxysm of mania or even of ordinary violence, in Guiteau's history, excepting that he once "raised an axe" against his sister, but without striking her, and without any words, gestures or circumstances to interpret the action, so that what the action meant is left in utter obscurity. As suggested in these pamphlets, he may at some time or other in his life have had accession of maniacal excitement, of which there was no observation; but to what tenuity of feebleness is argument reduced when the unrecorded gaps of a lifetime are submitted as probable explanations of its gravest event?

As to the suggestion that Guiteau may have been in the incubation period of general paralysis of the insane, which, according to Morel, may extend during the whole previous lifetime, it would seem that that clear-thinking and precise alienist intended to teach that the whole of a man's life may be such as to lead up to the development of general paralysis; which is certainly true of the incubation period of many types of insanity. But if any signs of general paralysis existed in Guiteau, they must have been observed by some of the numerous medical men by whom he was examined; and the supposition that he might be in that period of the incubation period in which no signs can be recognized,

and in which there could have been no effect upon his conduct, is too irrelevant to be seriously considered.

It would seem, that Dr. Folsom also has failed to adduce valid grounds for the supposition that Guiteau suffered from any one of the forms or types of insanity as they are known to and recognized by medical men. Dr. Folsom does not appear to have made up his mind on the question of Guiteau's punishment, so much were "crime and insanity mixed up in his case." Fortunately the punishment of such men is not decided upon by medical men, and it must be satisfactory to Dr. Folsom as a good citizen that he is able to state that, "as the case stands, he [Guiteau] has impressed the criminal classes and the country at large as being an unscrupulous, dangerous villain, with a badly-arranged mind, feigning insanity to save his neck. The verdict of the jury has met with almost universal approval." The impression upon the criminal classes is most important, for the great end of punishment is to impress their minds; and it is also well that the public conscience approves the result of the trial, even according to the testimony of a highly conscientious writer who does not wholly or heartily approve of it. And this being so, the vehement objections of another medical writer may well be passed without further remark.

Dr. Folsom, in a pregnant paragraph, has attempted to show that Guiteau's shooting the President was to a certain extent the logical result of bad training, unscrupulous character, self-conceit, self-will, disappointment, cowardice, partizanship, religious delusions or deceit, poverty, love of notoriety, &c. That is to say, taking a man's history, his actions are the result of his character, although we would scarcely say the logical. But if this be admitted with regard to Guiteau by his most competent medical defender, it follows that the

explanation of insanity must be surrendered, for conduct can not be the result of natural character and also the result of the interference of disease; and on the whole purview of the case it seems to be impossible to escape from the conclusion that the crime of this assassin was the result of his character, as it was formed under social influences to which any sane man might have become subject. It would be tedious and superfluous to go yet again over the details of the many times told tale of this criminal biography; neither does it seem necessary to comment at any length upon the weighty and unanswerable evidence of the alienist-physicians who gave their evidence for the prosecution. There are, however, one or two points upon which some comment may possibly be useful, and the most important of these is the different and extreme opinions which are expressed on the influence of heredity predisposition to insanity. On the one side it was argued at the trial, and has since been urged by medical writers, that "there was a strong hereditary predisposition in the case;" while on the other side it was as strongly affirmed that the insanity of direct relatives in the ascending line, i. e. of parents and grandparents, was alone to be considered as of possible importance in influencing the mental health, and that the insanity of collateral relatives was of no significance whatever. And on this principle it was assumed that the insanity of Guiteau's relatives, who were of collateral and not of direct relationship, could not in any way elucidate the question of his own mental state.

This principle, however, can not be accepted unconditionally, for although the general rule may be correct that the tendency to mental disease can only be inherited from parents or grandparents, yet that which it is desired to show in such a case, namely, a family

disposition to disease, may derive as great probability from a large number of collateral instances as from a smaller number of direct ones. Favorable circumstances sometimes enable parents to escape the manifestations of disease in themselves while yet they transmit the faulty organism of the race, so that the insanity of uncles, aunts, and cousins may become an element in estimating proclivities to constitutional disease. I must, however, add that in my opinion the argument in favor of insanity founded upon the supposed transmission of an hereditary tendency to mental disease has of late been used in most absurd and unjustifiable excess, and I do not know that the interests of justice would be damaged if it were to be excluded altogether in judicial inquiries; if it could be clearly shown that both a man's parents, and all four of his grandparents, and all his uncles and aunts had been unquestionably insane, it would afford no proof whatever that the man himself had been insane. Such evidence would at most strengthen the presumption that he had been so under circumstances which would otherwise be more doubtful. Such evidence can never be a satisfactory substitute for more direct evidence as to the issue, and the small worth it possesses must at once be felt when we consider that only a moderate proportion of the children of insane forefathers ever do become insane.

The procedure by which courts of criminal justice attain to that which is (curiously enough) called the moral probability on which they act is too rough and coarse to encourage the nicer investigations into psychological heredity, and until the courts are better instructed, one form of insanity among relatives will probably serve as good a purpose as another to give a sympathizing jury an excuse for acquittal. Yet it is not less known to those who have studied this question

that the hereditary tendency to mental disease follows certain forms of insanity, or even of nervous disease which is not insanity; and that the forms of insanity so acquired are often distinguishable, so that an experienced mental physician may often form an opinion upon the probability of a given case of lunacy being hereditary, even when he is quite ignorant of the family history. An example of an opposite kind was afforded in the American affidavits sent to this country in favor of the prisoner Lamson, in which the senile dementia of two uncles who died in a New York asylum at an age verging upon four-score, was gravely propounded as evidence of hereditary insanity in that peculiarly cruel, cool, and calculating murderer, whereas it only proved that some of his relations were long-lived. Surely until evidence as to the influence of heredity can be better appreciated at its real worth, it would be better to exclude it altogether, and to insist upon more careful investigation of the real question at issue, which of course is the actual state of the men at the time of the offence.

Another point of the greatest importance which, but for the admissions which the prisoner made during his examination by Dr. John P. Gray, might readily have been the cause of a great mistake and a miscarriage of justice, was the supposed delusion that the prisoner believed he was inspired to the act by the Deity. No other belief at any time attributed to Guiteau could be reasonably construed into an insane delusion, notwithstanding Dr. Folsom's curious opinion that Guiteau's expectation of approval from the President's enemies was an extraordinary delusion. The belief in Divine inspiration is very different, and might easily have been considered a delusion if not explained. The explanation is afforded by the doctrines, and the phrase-

ology in which they are expressed, of the religious community with which Guiteau was intimately associated, and which he had imbibed from his earliest years.

It is surprising that the influence of this curious sect or community, the Perfectionists of Oneida, upon the mind and conduct of Guiteau was made so little of at the trial, either by the prosecution or by the defence. Probably it was felt to be a double-edged argument dangerous to handle. It would be difficult, however, to over-estimate this influence, and probably it would not be too much to say that the assassination of President Garfield was the outcome of Oneida, for we must not forget that Guiteau's father was an enthusiastic believer in the doctrines of Father Noyes, and diligently impressed upon his son, indeed upon his sons, for Guiteau's brother expounded in court the creed which sounds so strange in modern ears, of the real battle between God and the Devil, and the part we take in it. "That was my father's theological view, it was my brother's, it is mine." When Guiteau actually entered the community he must necessarily have believed in the main doctrine of his co-religionists, that all actions are directly inspired by God or by the Devil; and after he left the community it is plain, from his letters and papers, that he retained and acted upon that belief. It was by Divine inspiration that he believed himself destined to establish a great theocratic newspaper. If he had been attacked by bodily disease he would have trusted to the Faith Cure as it is used at Oneida, that is to say, its cure by the direct personal intervention of God in answer to prayer.\*

And it is unreasonable to suppose that in the most

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\* For a good description of the Perfectionists of Oneida and their creed and mode of life, see Nordhoff's *Communitistic Societies of the United States*, p. 258.

grave and serious action beyond all comparison in his life he would cease to entertain his most habitual thought. But was this belief an insane delusion? If so, all the world is mad outside each man's little circle of fellow-believers. The inconsistency involved in the belief that God can inspire a wicked act does not make the belief an insane one, for we know that the "Devil can quote Scripture to his purpose," and that more devilment has been done in God's name than in any other.

That the belief was not a delusion is evident from the fact that it was derived from the teaching of others; that it was not the result of disease; and that Guiteau attempted to make others believe that it was a delusion as an excuse for his crime, which no one under the insane delusion of inspiration would have done. It was a sane belief, probably as sincere as many other religious beliefs; a belief which may do good or evil in the world as it is entertained and acted upon, with purposes more or less consistent, by good or by wicked men. The answer when such a belief is urged as an excuse for crime is that other men may entertain and act upon it more consistently than the criminal. The judge and jury may say: "We also believe in the inspiration of the Almighty, and we have prayed to Him that He will enable us to give a just judgment upon you, and our judgment, inspired by Him who is the source of all justice, is that you are Guilty, as indicted, and that you must suffer the penalty of your Crime."—*Brain, July, 1882.*

## CASE OF GUTEAU.

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The assassination of the President of the United States, General James Abram Garfield, on the 2d of July, 1881, a few months only after his entry upon office, must ever stand out as a prominent event in American history. The long period of eighty days that elapsed between the date upon which the assassin's bullets were fired and the date at which death closed the scene, and released the victim from his sufferings, gave time for creating the most intense interest and sympathy throughout the civilized world, and for producing an indelible impression upon the memory. The interest thus awakened was not suffered to flag, but was kept alive by the unprecedented nature of the trial of the assassin, Charles Julius Guiteau.

The trial commenced on the 16th of November, and lasted until the 26th of January, the ten weeks of its duration being occupied almost entirely with the question of the mental condition of the assassin, and no less than twenty-four medical witnesses being examined upon this subject, either for the prosecution or for the defence.

The minutes of the trial are stated to extend to two thousand pages, octavo, and we doubt not that when accessible they will well repay careful study; but they have not at present reached us. Dr. John Gray, of Utica, has, however, in spite of the murderous assault committed upon him in March, which we notice in another place, given a summary of the principal points, in an article in the recent number of the "American Journal of Insanity;" and to that article we must refer those of our readers who desire to obtain an adequate knowledge of the case. We would also refer to two

interesting articles, in favour of Guiteau's insanity, which have appeared in the "Boston Medical and Surgical Journal," one on the 16th of February by Dr. Charles Folsom, and the other on the 30th of March by Dr. Walter Channing.

When it is borne in mind that the article by Dr. Gray extends to a hundred and forty-six pages, and that it was written with the intention of introducing no unnecessary matter, and of being as brief as the circumstances would permit, it will be evident that a short review, such as the space at our disposal renders possible, must necessarily omit entirely many points of the case of great psychological interest. As, then, it is impossible for us to attempt to traverse the whole of the ground occupied by Dr. Gray and Dr. Folsom and Dr. Channing, it may be as well to state at once that in our opinion the plea of insanity which was raised in this case was not sustained by the evidence.

The medical witnesses who testified in favour of the insanity of the accused were eight in number, namely, Dr. Kiernan, Dr. Nichol, Dr. Folsom, Dr. Godding, Dr. McBride, Dr. Channing, Dr. Fisher, and Dr. Spitzka; but, although all these medical gentlemen had been subpoenaed by the defence, had examined the prisoner, some of them several times, and, had listened to the testimony and observed the conduct of the prisoner, only one of them, the last mentioned, was asked his opinion as to the sanity or insanity of the prisoner at the time of the examination. To the other seven a hypothetical question was put, but no direct questions were asked of them, as to their opinion respecting the prisoner's mental condition, founded upon their examination of him; and when the prosecuting counsel, in cross-examination, desired to put questions of this kind, it was ruled that such questions were inadmissible in

cross-examination in consequence of their not having been put in the direct examination.

The hypothetical question, upon which the defence relied, was in these words:

Q. Assume it to be a fact that there was a strong hereditary taint of insanity in the blood of the prisoner at the bar; also that at about the age of thirty-five years his mind was so much deranged that he was a fit subject to be sent to an insane asylum; also that at different times from that date during the next succeeding five years he manifested such decided symptoms of insanity, without simulation, that many different persons conversing with him, and observing his conduct, believed him to be insane; also that during the month of June, 1881, at about the expiration of the said term of five years, he honestly became dominated by the idea that he was inspired of God to remove by death the President of the United States; also that he acted upon what he believed to be such inspiration, and what he believed to be in accordance with the Divine Will, in preparation for and in the accomplishment of such a purpose; also that he committed the act of shooting the President under what he believed to be a Divine command which he was not at liberty to disobey, and which belief amounted to a conviction that controlled his conscience and overpowered his will as to that act, so that he could not resist the mental pressure upon him; also that immediately after the shooting he appeared calm, and as one relieved by the performance of a great duty; also that there was no other adequate motive for the act than the conviction that he was executing the Divine Will for the good of his country. Assuming all these propositions to be true, state whether, in your opinion, the prisoner was sane or insane at the time of shooting President Garfield.

It will be observed that the plea of insanity was based upon the assumption that all the propositions contained in the above hypothetical question were true; but this was an assumption which the evidence failed to sustain. With respect to one of the vital points of the question, whether the prisoner really believed himself inspired of God to commit his act, and that he was

under a Divine command which overpowered his will, and which he was not at liberty to disobey, we find Dr. Channing, who was one of the witnesses for the defence, writing, in the article already alluded to—

It was unfortunate that Guiteau's counsel laid such stress on inspiration, as its existence as a delusion could be easily disproved, and thus the most important element of insanity of the defence could be shattered.

It was shown that Guiteau had no auditory hallucinations, and that the so-called inspiration did not come to him in any of the ordinary ways in which insane delusions usually arise. His readiness to ascribe his acts to inspiration dated from the time of his residence in the Oneida Community, from 1860 to 1865. What may be the precise tenets held by that community we do not know; but it seems that for one thing marriage is regarded amongst the community as an unnecessary institution, and that the members may live as they please, provided they feel that they are inspired, and provided also, which seems to be an important proviso, that they have the consent of the leader, Noyes. Guiteau entered this community at the age of 19, and Dr. Channing writes thus of him:

At this time he was a quick-witted, sensitive, nervous, half-educated, vacillating, over-religious boy, knowing but little of practical life, and anxious to do great things. At the community he absorbed everything that was bad, but found nothing to develop good. There he learned to believe that he had found the kingdom of heaven on earth, and was taught that indulgence of passions, if done with the sanction of the leader, Noyes, would be approved by God. Any education more calculated to destroy a correct moral sense, and respect for society, it is hard to imagine.

With this we entirely agree, but we are not disposed to admit that a man whose correct moral sense and whose respect for society have been destroyed by an

education of this kind is, on this account, to be regarded as insane, or held irresponsible for his criminal acts, by the society which he has ceased to respect.

Medical evidence of a very positive kind was submitted by the prosecution in disproof of the prisoner's insanity. Sixteen medical witnesses were called by the prosecution, of whom fifteen had personally examined the prisoner, whilst the remaining one, Dr. Fordyce Barker, gave scientific testimony with reference to the general question of heredity. The fifteen physicians who testified to having personally examined the prisoner and to having formed an opinion, founded upon personal examination, as well as upon a consideration of all the circumstances of the case, to the effect that the prisoner was sane and responsible before the law, were Dr. Noble Young, Dr. Loring, Dr. Allan McLane Hamilton, Dr. Worcester, Dr. Theodore Dimon, Dr. Selden Talcote, Dr. Stearns, Dr. Strong, Dr. Shew, Dr. Everts, Dr. A. E. Macdonald, Dr. Randolph Barksdale, Dr. Callender, Dr. Kempster, and, lastly, Dr. John Gray.

The evidence of these gentlemen clearly disproved the assumption contained in the hypothetical question as to Divine inspiration as an insane delusion.

Dr. Gray, in his evidence, stated that he asked the prisoner, "How did you come to think of insanity as a defence, and when did it occur to you?" and that the prisoner's reply was, "I knew, from the time I conceived the act, if I could establish the fact before a jury that I believed the killing was an inspired act, I could not be held to responsibility before the law." Dr. Gray asked, "How can this appear in evidence as a fact?" The prisoner replied, "I see that, but I think I can answer it. Suppose you take it down that if the jury accepts this as my belief, and the jury believes as I believe, that the removal was an inspired act, and, therefore, not my own act, they are bound to acquit me on the ground of insanity. I have looked over this field carefully."

under a Divine command which overpowered his will, and which he was not at liberty to disobey, we find Dr. Channing, who was one of the witnesses for the defence, writing, in the article already alluded to—

It was unfortunate that Guiteau's counsel laid such stress on inspiration, as its existence as a delusion could be easily disproved, and thus the most important element of insanity of the defence could be shattered.

It was shown that Guiteau had no auditory hallucinations, and that the so-called inspiration did not come to him in any of the ordinary ways in which insane delusions usually arise. His readiness to ascribe his acts to inspiration dated from the time of his residence in the Oneida Community, from 1860 to 1865. What may be the precise tenets held by that community we do not know; but it seems that for one thing marriage is regarded amongst the community as an unnecessary institution, and that the members may live as they please, provided they feel that they are inspired, and provided also, which seems to be an important proviso, that they have the consent of the leader, Noyes. Guiteau entered this community at the age of 19, and Dr. Channing writes thus of him:

At this time he was a quick-witted, sensitive, nervous, half-educated, vacillating, over-religious boy, knowing but little of practical life, and anxious to do great things. At the community he absorbed everything that was bad, but found nothing to develop good. There he learned to believe that he had found the kingdom of heaven on earth, and was taught that indulgence of passions, if done with the sanction of the leader, Noyes, would be approved by God. Any education more calculated to destroy a correct moral sense, and respect for society, it is hard to imagine.

With this we entirely agree, but we are not disposed to admit that a man whose correct moral sense and whose respect for society have been destroyed by an

education of this kind is, on this account, to be regarded as insane, or held irresponsible for his criminal acts, by the society which he has ceased to respect.

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Dr. Gray, at a later stage of his evidence, testified to having satisfied himself that this inspiration which the prisoner claimed, did not come to him until after he had fully made up his mind to do the act, and that, in fact, he committed the act with the intention of pleading inspiration as a proof of insanity, in case of need, in his defence. Dr. Gray further gave evidence as to the mode in which the notion of inspiration had been introduced into the mind of the prisoner during his residence with the Oneida Community.

We do not propose to discuss, seriatim, each point of the hypothetical question propounded by the defence, for the reasons which we have already assigned, and also, further, because, if the paragraphs relating to inspiration as an insane delusion are omitted, the remaining assumptions would not, in themselves, be sufficient to support the plea of insanity, even if, as was not the case, they were all made good.

The general tenor of Dr. Gray's evidence goes to show that, in his opinion, disappointment at not obtaining office under General Garfield's administration was largely concerned as a motive for the commission of the act. It was also established by the prosecution that when the prisoner was, in the first instance, charged with his crime, he justified it as a patriotic act, and asserted that it was a political necessity, and that the President was guilty of the blackest ingratitude towards the men who elected him; also that he said that the prominent men of the Republican party, who would be benefited by his crime, would protect him from the consequences of his act; and that when he learned that these men had expressed their abhorrence of his crime he was struck dumb, and after collecting himself exclaimed, "What does it mean? I would have staked my life they would defend me;" and it was not until

after finding that the "stalwarts" repudiated his acts that he justified it on the ground of inspiration.

It is right to point out that the prosecuting counsel did not act without having first obtained medical assistance and advice.

The District Attorney stated that—

Before the prisoner was placed on his trial, the question of his sanity being a question that had been discussed, Dr. Gray, who, from all the representations that we were able to obtain, was probably the best authority on the subject of insanity in this country, came here, and the prosecution were willing to trust the question as to whether the man should be put on trial to his decision. I want him to state that such was his instruction, and that he was left perfectly untrammelled with regard to his judgment.

A medical man upon whom instructions of this nature are laid is placed in a position of the gravest responsibility. He is required to satisfy himself as to the conclusion to which the circumstances of the case, taken as a whole, point. It is not sufficient for him to take up one set of circumstances, pointing in one direction, without also taking into consideration other circumstances of an opposite character. He is not an advocate for either one side or the other, but is an *amicus curiæ*.

We must offer our sincere congratulations to Dr. Gray upon the manner in which he has steered his way through the intricacies of this difficult case, and arrived at what we have already stated we believe to be the conclusion which is, all circumstances considered, in accordance with justice.

There is very much of interest in the article by Dr. Folsom, to which we have referred; but we think that the admissions which Dr. Folsom, with great fairness in argument, feels himself compelled to make, only tend to confirm the opinion we have expressed. The second

of a series of conclusions given by Dr. Folsom is to this effect:

His shooting the President was, to a certain extent, the logical result of bad training, character somewhat unscrupulous, enormous self-conceit, self-will, disappointment in not getting office, cowardice, extreme political partizanship, delusions or deceit regarding religion, desperation of poverty, expectation of personal gain, love of notoriety, and hope of praise from the "stalwarts." The fourth of Dr. Folsom's conclusions is, "He supposed he should escape punishment," and the fifth, "Certainty of punishment would have restrained him from the act."

The most interesting point, to our mind, raised by Dr. Folsom is as to whether there may not have been in Guiteau's life several attacks similar to subacute mania. Dr. Folsom thinks the evidence points to such attacks of mild mania, resulting in considerable dementia, or to periods of maniacal excitement so common in the congenital or degenerative types of insanity, and that, although Guiteau's mental condition at the time of the trial indicated responsibility, yet that at the time of the murder he might have been suffering from subacute mania with incoherence of ideas. Dr. Folsom also raises the interesting point whether Guiteau is a man who is on the road towards becoming insane, and who if he were to live another ten years or so, would exhibit unmistakable signs of mental derangement. It must always be extremely difficult to prophesy upon a matter of this sort. It will be remembered by our readers that when Orsini attempted to take the life of the Emperor Louis Napoleon, and killed several people in the attempt, a supposed accomplice, Simon Bernard, was put upon his trial in England, but was acquitted, owing to the skill of his counsel, on the ground of insufficient evidence. Now this man Bernard died insane within four years of his trial. The question arises, supposing the proof of complicity in the plot had not broken

down, what would have been the status, with regard to responsibility, of the accused, who at that time exhibited some of the premonitory symptoms of the general paralysis of which he died? Nobody certainly at the time suggested that he was mentally irresponsible.

As the summing up of the judge in the case of Guiteau is not given in Dr. Gray's summary, we think it will interest our readers. The most important part of it will be found in "Notes and News." It is a careful statement of the law of insanity in America at the present time.

We have in these observations confined ourselves to the question of Guiteau's responsibility. But in this, as in many other criminal cases, we can not but feel that the character in these cases offers to the psychologist a rich field for study. We are sadly ignorant yet of the various types of human character, especially of those abnormal ones which border on the region of well-recognized mental aberration. When understood, it will be seen to what precise category we are to refer such moral or immoral monstrosities as Guiteau. No physiognomist can look at the outlines of face and head depicted in the remarkable photographs which accompany Dr. Folsom's paper without recognizing something extraordinary. They must mean *something*. We should lose the psychological lesson which such peculiar developments are calculated to teach, as contributing to the right comprehension of mental characteristics, were we to throw them aside when we have satisfied ourselves that they can not constitute a sufficient plea for acquittal on ground of insanity in criminal cases. They still remain specimens of human nature which are of great interest, and ought to be pressed like rare plants in our *collectanea psychologica*.—*The Journal of Mental Science, July, 1882.*

## GUITEAU.

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The consummation of justice upon this noted criminal, notwithstanding the most persistent and energetic efforts to avert it, has evoked an expression of sentiment on the part of the press in general which gives gratifying evidence of a growing appreciation of sound principles in medical jurisprudence, and especially of what has been accomplished by medical experts in settling the application of those principles to individual cases.

The public conscience appears to have thoroughly and universally acquiesced in the result. It is difficult to imagine what would have been the sense of confusion and insecurity as to all rules and process for the punishment of high crimes had it been otherwise. If the idiosyncrasies of unrestrained vanity and egotism were to be taken as equivalent to insanity, or the wild and boastful utterances of sensational fanaticism to be entitled to the sanction of a religion, it is hard to see what degree of wickedness or what desperate resort of crime in society could not provide itself with certain and infallible means of escape from its deserved penalty. The very instincts of civil and social life throughout the country rose against the insidious principles and pretences evolved by the extraordinary defense in this case, and began to take alarm at discovering how far even our courts have hitherto found the sword of justice blunted by that strange sympathy with crime and criminals, which is the result of only a vague, unformulated and sickly sentimentalism too characteristic of our common life and literature.

This fearful event has therefore contributed somewhat to a healthier and more robust estimate of this

subject of crime and its punishment, and especially will it be celebrated for a clearer exposition than has ever before been attained of the true relations of insanity to crime, and for a more definite and practical settlement of the true test of responsibility on grounds of reason and science. A more gigantic task was never attempted by any prosecuting officer in view of the Babel of voices that would naturally be ambitious to make themselves heard in such a country and such a case as this. But the problem was grappled with, and the actual unanimity with which the conclusion was reached by the body of practical experts summoned, renders it unanswerable, and furnishes a guaranty that this verdict of science at least will scarcely be amenable to future exception.

These principles are fairly and fully summed up in the judge's final charge, and we may say here, that probably no cause heretofore tried in the courts of this country or of Europe can show a more patient, thorough and satisfactory elaboration of the true principles of medical jurisprudence as applied to the question of insanity when pleaded as a legitimate defense for crime.

Almost the only criticism we have met with in the European press relates to the inordinate extent to which the trial was protracted, owing chiefly to the extraordinary latitude allowed the prisoner, thus permitting the long interval of a year between the commission of the crime and its punishment, although in point of fact the execution took place a few days over nine months from the decease of the illustrious victim.

Reference is made to a remarkable article on the "French Convict Establishments" in a late number of the *Cornhill Magazine*, which states that "not a single capital punishment has taken place in New Caledonia,

for it would seem that even the most desperate criminals manage to exercise self-control when they know that murder will bring them, not before a sentimental and squeamish jury, but before a Court Martial that will have them guillotined within forty-eight hours." It may be thought indeed that a more summary disposition of Guiteau's case would have given a more efficient warning against the crime of political assassination, but it is not certain that it would not have left some confused and unsatisfactory impressions upon the public mind. The result has vindicated the supremacy of the civil tribunals which must ever, in a free nation, be ranked higher than mere military authority, while the license allowed the prisoner to exhaust every possible means of defense has not only anticipated all cavil, but has deepened the public abhorrence of the crime itself, and of the character and motives which were so freely exposed in the long and desperate struggle for acquittal.

For it can not be doubted that the prisoner relied not only upon the usual circumstances of sympathy and delay which have so often obstructed the course of justice in ordinary murder trials, but that he must have deliberately calculated upon some conjunctures of party exigency and political influence which would eventually ward off the extreme penalty of the law. All this he believed would be *added* to the usual good chances which the takers of human life generally enjoy from the morbid sympathy, not to say admiration, of the multitude, the leniency of the courts which sometimes forbid the prisoner's *record* to be gone into, and the legal acumen of jury lawyers, whose object of course is not so much to facilitate justice, as to score an advocate's triumph. The only vengeance which Guiteau seems to have feared with all these considerations before him, was that of the mob, acting under the

terrible shock of the moment; and against this, he had the mind and shrewdness to take careful and ample precautions.

We have little disposition to dwell upon the closing scenes in the career of this wretched man. On the very scaffold he appears to have exceeded all his previous behavior in wicked effrontery, as if he must needs to the end act out the dramatic part of a bravado determined to convince the public of the sincerity of his belief in the preposterous theory of "inspiration" which he constructed for his defense, although that theory was used by his counsel as an evidence of insanity, indeed the only defense that could have answered. His conduct, however, to the end was simply consistent with his life, and there is nothing unusual in the fact that this man died as he lived, self-asserting and blasphemous. It is quite common for men to die as they lived. There are instances where great criminals, after exhausting all efforts to avert the consummation of their sentence, deliver on the scaffold exhortations to repentance and confess their crimes; and others have even, so identified themselves with their crimes that in the notoriety and world-wide sensation of their wickedness they really come to believe themselves heroes and martyrs to a cause. What the "offices of religion" as exercised by the clergyman in attendance were, and what he called the "preparation for death," we do not care to inquire. We believe the public has generally acquiesced in the indignant comments of the *Nation* upon this "spectacular theory of criminal justice." That paper has spoken none too plainly or too severely in saying:

"The exhibition of Friday, in which Guiteau was suffered to conduct a sort of religious service consisting of the reading of a chapter from the Bible, a blasphemous and ruffianly and incoherent

prayer and ridiculous poem was disgraceful, not simply to our administration of justice, but to our civilization. Neither the Rev. Mr. Hicks nor the Warden can excuse his share in the transaction by pleading that he was taken by surprise. They knew what the criminal was going to do. His prayer was written out and the clergyman actually held the paper and the Bible for him to read. A more deliberate indecency and profanation has not been committed in our day, and it is greatly to be regretted that those who were responsible for such a shameful scene can not be punished for it as they deserve."

It was certainly not an edifying spectacle to the religious sense of the community, that of a professed Christian minister, standing by the side of this convicted assassin, and assisting him to read as his parting message to an intelligent public such a compound of reckless blasphemy and senseless puerility. As to the execution of the sentence of the law itself, after so full and thorough an investigation, medical and judicial, there can be but one opinion, that of righteous approval.

INSANITY AS A GROUND OF DIVORCE.—Few social questions are surrounded with more serious difficulties than that of divorce. In proportion as marriage has come to be regarded more and more in the light of a civil contract, there has been shown a growing tendency, in modern times, to lessen the obstacles which prevent the dissolution of the relationship, till in some countries, and especially in some States of the Union, it is notoriously easy to obtain legal separation from an offending spouse. We have, if we review the constantly changing legislation on the subject, a remarkable illustration of the self-repetition of history. It would seem, indeed, that soon nothing will be further from truth than the common assertion that divorce is a remedy for the rich alone, and that we are gradually recurring to the times of Theodosius and Valentinian, when a man could divorce his wife for remaining from home or going to the amphitheatre against his wishes. Be this as it may, the question of insanity as a ground of divorce is meet subject for discussion, and bids fair to become one of the leading issues of future lunacy legislation in this and other countries.

Recognizing the importance of the subject in view of a proposed revision of the New York Lunacy Code, the Attorney General and State Commissioner in Lunacy solicited the opinion of the judiciary, in January last, on this among other important points, enquiring, "Whether permanent insanity, requiring the confinement in an insane asylum of either a husband or wife continually, during seven years, and being adjudicated thereafter as probably incurable, shall constitute a valid ground for divorce; providing that in case of the insanity of the wife she shall not thereby forfeit her right of dower by reason of any decree dissolving the marriage." This, however, is no new thing in State legislation. As long

ago as 1856, strenuous, though unavailing, efforts were made in New York to obtain the passage of such a bill as approval of the above ideas would suggest, while in more recent times the experiment has been actually tried in Wisconsin, though with presumably unsatisfactory results, seeing that the law was repealed at the end of one year. If we are not mistaken, an attempt was also made to legislate on the subject in Tennessee several years ago.

In England, under the able lead of Dr. Savage, the problem has recently secured the attention of the British Medico-Psychological Association. With the case of *Hunter v. Edney*,\* in which he had given evidence, fresh in his memory, Dr. Savage had a favorable argument at hand. This, it will be remembered, was a case in which, on the wedding night, the wife would not permit the consummation of the marriage. The woman was manifestly insane, and had so been for some time previously. The presiding judge pointed out that she did not appear capable of understanding actions free from the influence of delusions, and being, therefore, incapable of entering into the contract, he decreed the marriage null. The President (Dr. Tuke) observed that this was by no means a solitary case in which such decision had been rendered, and, with regard to post-nuptial insanity, said that all would be generally agreed that, if this were allowed as a plea of divorce, the abuse would be so great that it could hardly be carried out, and that the English law or practice on the subject seemed to him the rational one. In an adjourned discussion,† in April, Dr. Savage cited the case of a patient at Bethlem who, on the day of his marriage, heard a voice from heaven telling him not to

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\* Vide *AMERICAN JOURNAL OF INSANITY*, July, 1882, page 75.

† Vide *Journal of Mental Science*, July, 1882.

touch his wife, and he obeyed it. He instanced a second class, and spoke of another case where the marriage had been consummated and there had been no children. There was some evidence that some time after marriage the patient became insane, and was now an incurable lunatic. This case he regarded as a connecting link between those of the first class where the marriage had not been consummated, and where it was not divorce but nullity of marriage, and a third class of cases in which a person might be undoubtedly insane, as revealed by subsequent evidence, but have married and begotten children, and then the plea of insanity might be set up. He took it to be a difficult question whether the law, under any circumstances, should consider the plea for divorce when one or more children had been born after it was well known that one of the contracting parties was insane after the contract was entered into. He spoke of a lady at Bethlem who had been found guilty of adultery, and whose husband had obtained a divorce from her. In that case, inconsistent as his views might appear, it seemed to him to be just, if, on the one hand, insanity was to be a bar to marriage, that it should also be a bar to divorce. Here the woman was in all probability insane when she committed adultery. It was not simply the question of husband and wife. The woman was displaced and disgraced, and her children were also disgraced. If she had been declared a lunatic, and the divorce case not proceeded with, she would have been shown to have been insane, and that would have been stigma enough thrown upon the children. Here insanity was the only fault or failing. He said he would be the very last in the world to wish to see divorce cases debarred by this frequently; but there were some cases in which justice should step in

and in which there should be a bar to the divorce in consequence of the undoubted insanity of the delinquent. It seemed extremely hard that men or women should be tied to mates who were incurably insane; but, on the other hand, it was certainly hard that a man or woman should be tied to a mate who was incurably bad-tempered, incurably paralytic, suffering from terrible skin disease or chronic asthma, making day and night hideous. Was it possible to consider the question as one which was not a mere problem of pathological policy, but one of practical utility? He thought it would be better for the majority, but as it would be for the minority, and as the legislation was to be for the majority, he was inclined to think that at the present day they were not in a position to recommend divorce on any plea of insanity.

Dr. Hack Tuke suggested that members had better confine their attention to the effects of insanity before marriage, or at the time of marriage, and afterwards consider the other question of the effect of insanity subsequent to the marriage as a plea for divorce. Dr. Seaton was of opinion that where it was proveable that insanity existed before marriage that that should be a plea for divorce, because the objects of marriage—mutual society, help and comfort, &c.,—had by such a union been wholly defeated. Dr. Gardiner agreed that the time was not yet ripe for adjudication on the matter. He thought that legal action should take place, if at all, in first serving a petition on a person, when in case of inability to reply thereto, personally or through friends, inquiry might be safely held, and due authority to adjudicate allowed. He would not permit such trial, however, unless the patient had been insane at least ten years.

Dr. Millett spoke of a case in which divorce had been obtained where a husband had deserted his wife almost immediately after marriage. The woman had committed adultery with several persons during the absence of her husband. He was of opinion that she was insane, her insanity having been produced by extreme excitement consequent upon such desertion. She ultimately became demented. Dr. Weatherby referred to the law in Saxony where, in the event of any person wishing to get a divorce on the ground of insanity, the insane person must be sent to a State asylum, and there remain for three years, when, if the medical superintendent chooses to give a certificate of chronicity, the divorce is allowed. An instance of the evils of this law had recently occurred. A young wife became insane shortly after marriage. The husband, on the advice of lawyers, sent his wife to a State asylum, and after three years the certificate was given. She then went to a private asylum for another three years, and eventually recovered. Meanwhile the gentleman had made arrangements to marry another lady, and the result was that the engagement had to be broken off, and he married his first wife again. Dr. Rayner, while admitting that where the insanity of one of the contracting parties was unknown to the other, there was a reasonable plea for divorce, held, however, that it was quite a question whether the marriage should not stand when such insanity was previously known. If the law allowed persons with hallucinations to make a will, he did not see why they should not be permitted to legally marry. Mr. C. M. Tuke was of opinion that of all forms of disease which would be the most likely to stand as a plea for divorce, perhaps general paralysis was the most important, while Dr. Bower referred to the importance of epilepsy in connection with the subject.

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Dr. D. Hack Tuke, in summing up the debate, thought there was a general concurrence of opinion in favor of Dr. Savage's views so far as he had expressed any definite opinions, and with regard to the effect of insanity subsequent to marriage, there appeared to be, with the exception of Dr. Seaton, the same agreement. They had not arrived at a state in which they could carry out a similar law to that in force in Saxony.

It is somewhat singular that this question should have come up for discussion in France at about the same time it was occupying the minds of alienists in Great Britain. M. Naquet's bill for the re-establishment of divorce in France was read for the first time last May, when M. Guillot offered as an amendment that the insanity of husband or wife be considered a ground of divorce. A specially appointed committee of the Chamber consulted three well-known specialists in regard to the proposed amendment, MM. Blanche, Charcot and Magnan. These gentlemen were unanimously opposed to the project. On May 9th, M. Blanche summarized his argument in a paper which he read before the Academy of Medicine. M. Blanche attempted to show that in a great number of cases of insanity among married persons, the misfortune might be avoided if engagements were made with greater circumspection than usual, and if the contracting parties were not blinded as to questions of health by subordinate considerations of name, position and fortune; that in other cases, equally numerous, the period of the disease in which incurability is definitely established, was relatively short; and, finally, that in cases where the misfortune could neither be foreseen nor avoided, the reciprocal duties of husband and wife, far from being considered as having ceased to exist, became, on the contrary, more binding and sacred than

ever. He referred to *mariages de convenance*, happily less frequent with us than in France, where, for the sake of worldly advancement, a young man enters upon matrimony as he would upon a financial speculation, with the full knowledge that his betrothed is hereditarily tainted, and actually nervous and eccentric—but rich. The probability of insanity is sufficient in some cases to deter men from such an union, but with the prospect of divorce, there would be no more obstacles; the husband again free, could again marry. Would this not be encouraging, M. Blanche enquired, these shameless and immoral speculations, and are those who enter upon them, notwithstanding sage counsel and a full knowledge of the perils to which they expose themselves, entitled to have the law authorize the dissolution of an union from which they have derived all the material profit which they expected, and whose duties and obligations they are afterwards disposed to repudiate?

In regard to cases whose duration is relatively short when the incurability has become definite, and there is no longer a possibility of remission, these were, according to him, members of the group of paralyses with encephalic lesions. They were all incurable, if thereby we understand a real and permanent recovery; but they passed through periods of remission, of apparent and transient recovery before arriving at the period of definite incurability when recurrence of lucid intervals is no longer possible, and then the disease had almost reached its end, and the patient's days were numbered. An extreme reserve was therefore incumbent on the physician during the greater part of the duration of these diseases, so far as legal measures were concerned. A paralytic, he said, might after a series of disturbed periods become calm and lucid to such an extent that

he might return to his family and resume the exercise of his profession; but if he had been declared incurable, and his wife had obtained a divorce, he would no longer have a home. And even granting the patient had reached a stage in his disease where there would be no more remissions, he would lose much by divorce, for there were many devoted wives who were ready to undertake the care of their helpless husbands under these circumstances. M. Blanche referred to a case of melancholia in a woman who was in an asylum for fifteen years, and then recovered. He spoke of similarly hopeless cases in which recovery has ultimately taken place. Human nature was weak, and one ought to be indulgent, but it was not for the law to encourage such weakness.

M. Luys took issue with M. Blanche at a subsequent meeting of the Academy, and assailed the position of the latter, which, he said, was mainly this: it can not be affirmed that insanity is always an incurable disease; there are circumstances in which it disappoints all calculations, and in this special domain of human misery everything seems subject to exception: irregularity and the unexpected prevail, an opinion in support of which M. Blanche had cited the fact that a patient was restored to reason at the end of fifteen years, and went home recovered. M. Luys enquired whether this single case, without exact data, was of itself sufficient to sustain so weighty a thesis. Although not prepared to deny the existence of such cases of recovery in principle, he, for his part, had never seen one, had never met with a really scientific account of such a case, and added that all that was said on the subject rested on reports of a vaguely anecdotal and incomplete character. To take one's position on so fragile and ill-assured a basis, in order to meet a demand for

divorce, under pretext of resuscitation of reason even after insanity lasting for fifteen years, was, he thought, to reason outside of common facts accepted by all, and to aid in the maintenance of a defective legislation. M. Luys would affix as limits of curability an average duration of four years for men and five years for women. The sympathetic influences of uterine life seem to him, in the case of women, to retard the invasion of dementia. He estimates the average duration of life in general paralysis at from three to four years, and is of opinion that, in some cases, in private asylums, life may be prolonged to seven years. If we speak with complaisance of certain remissions in which patients have been able to leave the asylum and effect a sort of resurrection, these are, he thinks, doubtful cases and of uncertain diagnosis. The incontestable fact remained that general paralysis, once established with its morbid factors, is never cured. He declared that after having carefully observed a patient for four or five years, in an asylum, and examined the case under all its aspects, a physician could always give a prognosis, and determine whether or not a case of insanity were incurable.

In discussing the sentimental aspect of the question, M. Luys made a strong plea for human nature, which, he declared, would sooner or later assert itself in these cases of prolonged separation. He spoke of the collateral *ménages* which frequently take place, and the birth of illegitimate children as the natural result. He referred to the fact that in so many cases the anxiety of the sane in behalf of the insane spouse, shown during the earlier months of treatment in frequent visits to the asylum and solicitous enquiries, diminishes with the chance of recovery, till finally, when the disease has become chronic, the visits are very

often purely perfunctory in character. In the presence of a never ending disease, he said, which had brought with it the shipwreck of future hopes and present happiness, the husband, if he were young and healthy, if he felt that he had the courage to commence again a new life, the opportunity being favorable, he did it. And thus a new family was created as the natural consequence of human passions. Unlawful it was, to be sure, but it was a fatal necessity. He admitted that there were numerous examples of absolute devotion on the part of husband or wife whose affectionate regard for the patient persisted to the end; but, he pointed out, we must reason with the masses, and base our action on what takes place in the majority of cases. And here we can not do better than quote the author in full:

Marriage, it is said, is not only a union of man and woman destined to perpetuate the species and ensure the stability of the family. It is likewise a mutual association against the adversity of two individuals who have chosen each other voluntarily, and the future pair, as the law prescribes, owe each other, in contracting marriage, reciprocal aid and assistance. It thus becomes the duty of consorts to minister to each other in sickness, and it were an act of cowardice, a veritable dereliction of conjugal duty to abandon him who falls by the way. Insanity, it is said, is common with all chronic diseases, is an unmerited misfortune which affects all indiscriminately, and the dissolution of the marriage tie ought no more to be accorded by the legislator, when insanity is in question, than in the case of chronic affections of long duration which incapacitate the person affected, and compel him to live in a perpetual state of decrepitude and languor. This opinion, at once natural and generous, strikes us at the outset by its exclusively sentimental aspects, and finds an echo in all minds at the same time that it wrings all hearts.

But, gentlemen, let us look at the question in cold blood, as physicians, as scientific observers, and enquire in the first place if there is not an error of observation concealed behind these fine phrases; if, in a word, these fine maxims are quite applicable to

the reality. We shall ask you this question at the outset: Can there be established a complete parity between the condition of the man affected with insanity and him who is a victim to incurable and chronic disease? Evidently not. What more dissimilar, in point of fact, than the two situations? Do you not all know that in these latter cases, when it is a question of ordinary chronic diseases, the individual affected remains whole, with his psychological unity intact? He may be injured in this or that organ, he may be impotent for aught I know, but nevertheless his highest and noblest faculties, which constitute his sensitive and living individuality, are still respected. He survives as head of his family, as father, as husband, as citizen. He is reckoned in society, he is responsible, and he enjoys all his rights.

And the lunatic, gentlemen, having reached the stage of chronicity, what is he by comparison? Alas! I will not draw the sad picture, with which all of you are familiar, of that mental wreck of the human being who has already spent five or six years under the thralldom of insanity. He has become a stranger, *alienated* from his surroundings, his former ideas and former affections. At this period the disease has accomplished its work of destruction; it has extinguished the fires of intelligence and sentiment, and scarcely does he recognize his relatives, remember them, and show them some scant residue of affection. Look at him now! He is not the conscious, emotional being whom you formerly knew! It is no longer the good and affectionate friend who received you with enthusiasm. No, henceforth, he is an indifferent being, with vacant look, without expression, egoistical and passive, absorbed in his incessant dreams, or rather, in the chaos of his thoughts, and one who has nothing more to ask of society since he has nothing more to offer it. He is henceforth incapable of directing his life, of providing for his needs, of exercising his civil rights, and the asylum, with its methodical life, adapted to his habits, is henceforth the sole medium in which he can live.

To determine the mental status of a given case, M. Luys proposes the formation of a committee composed of three alienists attached to public or private asylums in order to preclude the "bothersome incompetence of physicians unfamiliar with the inmost life of the insane." It would be the duty of this committee to visit

the patient once a month for one year, examine him carefully, make monthly notes, and in this way observe the variations of the disease, and whether it pursues a progressive or retrograde course. If at the end of a year the stationary condition is maintained, then a decision might be rendered. Either the patient in question will already have become perfectly demented, or he will still be lucid within certain limits, and possibly afford hopes of restoration to reason. In the former case a decision would be rapidly reached, since the state of hebetude would at once arrest the attention of the judges. In the latter case the monthly examination for one year would be a sufficient guarantee of the committee's ability to give a positive opinion in regard to the evolution of the disease. In each case he would allow the committee the right to suspend judgment for another year. He would also require, as an indispensable measure, sureties providing for the support of the patient from whom divorce might be sought. M. Luys concluded his paper as follows :

That is the argument, gentlemen, which I leave to your reflections, and, without ceasing to be the natural defenders of the patients entrusted to our care, let us alienists know what is occurring in our midst, in those interiors of families, from which a member has disappeared morally, while he continues his physical existence as a veritable living corpse. There, too, are conditions to excite sympathy ; there, too, are beings who suffer, and who look to the law for assuagement of their grief and blasted hopes. In this respect, the admission of divorce, however painful it may be if we regard the question from the restricted standpoint of the lunatic, will become on the contrary, if surveyed from the more general point of view, a salutary proposition and endowed with truly moral effect. I therefore condense my opinion, as conclusion, in the following proposition to be introduced into the law: Insanity, in certain determined cases, may be considered as a cause of divorce.

It appears to us that the plea for human nature is the only one that can be fairly urged in favor of divorce on the ground of insanity, and this more plainly stated is simply whether sexual passion is to be regarded as outweighing the sentiments of duty and obligation assumed voluntarily and by that act imposed by law. And even granting that, as touching human nature itself, affection frequently lingers and dies under adversity, are we justified in setting at naught the spiritual union which the contracting parties entered into, and in nullifying all its obligations? This difficulty might be technically obviated by making marriage a purely civil contract and authorizing relief therefrom if one of the contracting parties becomes mentally helpless by disease. To be sure, such a law would not be obligatory but merely permissive, and chronic incurable insanity would as a plea occupy an analogous position to adultery: it would insure divorce to all who might seek it on that ground. As we have said above, futile efforts have in former years been made to secure legislation on the subject in New York and Tennessee, while the experiment has proved a failure in Wisconsin. We do not think that the civilization of our time, apart from all considerations of Christianity and religious obligation, will assent to such a measure. There are undoubtedly isolated cases of extreme hardship, especially where insanity having supervened shortly after marriage in young people, all the fond hopes of the sane consort have become blasted, and the newly acquired home is desolate indeed. M. Luys, however, lays stress on the fact that all legislation must be for the masses, and surely in the majority of cases there would be inability to provide for the support of the patient, without which provision the law would refuse to grant divorce. His measure would thus seem to be applicable to the richer

classes alone, and license for divorce, like license to sell liquor, would depend on the ability to pay.

As bearing directly upon this subject, the following remarks by Dr. W. P. Jones, late Medical Superintendent of the Tennessee Asylum for the Insane, which appear in one of his reports, are well worth copying, and with this quotation we defer the further discussion of the matter till a later issue.

In the early part of the present year, one of the deputy sheriffs of this county, called upon me at the Hospital for the Insane, and after presenting me a subpoena to answer, politely requested that I should designate the lady mentioned in the paper, that he might serve notice upon her—the verbiage of the document I do not remember; in substance however, it required that my patient, maniacal as she was, should appear before the Court, in another county, to show cause why her husband should not be divorced. To the request I interposed a positive refusal, remarking to the officer, he should not see her, that he should serve no such notice upon an insane person over whom I had control. Some weeks subsequent to the period here mentioned, the sheriff himself came out to serve the same notice upon the unfortunate woman. At this time I was sick in bed, and sent a message to that officer that he could not see her with my consent; that she was pronounced insane by a court having jurisdiction in the same county; that by virtue of insanity she was incompetent to attend to business of this or any other kind, and in consequence thereof, was deprived of the liberty of obedience if she would; that he could, if he desired, see the Superintendent and serve any process whatever upon him. But here, I presume, the matter ended; at any rate, I have heard no more of it. Though a law-abiding man, I confess, I coveted in this instance, the privilege of appearing before the court in vindication of the rights of the afflicted, in so far as rights attach to the insane committed to my care.

It is a melancholy, a deplorable reflection that any one can suppose there is corruption and depravity enough, in the courts of this or any other Christian country to grant divorce because one of the parties to the marriage contract is unfortunately sick.

If he who but swears falsely is regarded worthy of punishment here and hereafter, of how much sorer punishment, if possible, should he be deemed worthy, who for this cause undertakes to

absolve one from the most sacred obligations known in civilized society.

And as germane to the matter under discussion, we may continue the quotation.

I take this occasion, gentlemen, to suggest through you, to the General Assembly, that serving legal process of whatever kind upon insane persons restrained of liberty, is simply and eminently ridiculous, and totally unworthy the respect of anybody. Notices of this kind effect more or less unpleasantly, all who have a moiety of intelligence. They say "I am commanded to do so and so, and you will not permit me." "My property is to be sold and will be squandered, and you keep me here." They are often provoked beyond measure, or excited to the most violent exhibitions of rage, and thereby improvement or recovery is retarded. It sometimes happens that one clothed with official dignity, upholding the majesty of the law, reads in measured accents, an elaborate legal document to one so thoroughly demented as not to be able to comprehend an idea. Is such proceeding not respectable nonsense?

Why may not the Tennessee Legislature set a good example and repeal these absurd, these irrational provisions and require legal documents to be served upon natural or legal guardians; and thus save insane persons, restrained of liberty, the perplexing or incomprehensible annoyance now so frequently visited upon them, and always without reason and regardless of insanity?

## ABSTRACTS FROM HOME AND FOREIGN JOURNALS.

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**INSANITY IN NEW SOUTH WALES.**—The Inspector General of the Insane for New South Wales, in his report for 1881, gives the number of registered insane in the Colony on December 31st, 1880, as 2,099, the increase during the year having been 119. The main cause of the large increase, when compared with former years, was a very low death rate, namely, 5.46 per cent. The proportion of insane persons to the population was at the close of the year 1 in 352, or 2.84 per thousand, a proportion almost identical with that in England and Wales at the close of 1880, which was 1 in 353, or 2.83 per thousand.

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**TYING THE VERTEBRAL ARTERIES FOR EPILEPSY.**—Dr. Alexander, of Liverpool, reports to the *London Med. Times and Gazette*, the successful treatment of a number of cases of hopeless epilepsy by tying the vertebral arteries. One artery was first tied, and this proved to be curative in three cases. But though the fits were ameliorated in the other two, they did not cease. But after tying the other vertebral the cure was complete. He has ten more patients under the same treatment, with promising results. In three of these he tied both arteries at once with no bad consequences. If this method should prove efficacious after other trials, it will be an incalculable blessing to humanity.—*Pacific Medical and Surgical Journal*, July, 1882.

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**MISUSE OF ASYLUMS.**—In the twenty-fourth Report of the Commissioners in Lunacy, for Scotland, Dr. Fraser deprecates the growing tendency to commit to lunatic asylums persons who might be safely and sufficiently provided for at home. "Many rural inspectors of poor," he says, seem to regard the asylums not only as a place for the treatment of the insane, but also as a hospital for the treatment of any form of nervous disease with which mental enfeeblement may be associated, or as a home for aged persons whose faculties are failing; and relatives now prefer the asylum for their paralytic friends to the poorhouse, as the former implies a more dignified form of pauperism than the latter. The

question suggests itself to me—has not the misuse of asylums now set in? and I feel forced to reply that I perceive what seems to me unmistakable evidence of a too ready inclination to resort to them as the only provision for all who suffer under any form of mental unsoundness.”

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THE SALVATION ARMY AND INSANITY.—At a recent meeting of the St. Saviour's Board of Guardians, Mr. Evans inquired whether the proceedings of the Salvation Army had anything to do with the alarming increase of insanity in the Union that had just been reported by the clerk, and was informed that one case of insanity, awaiting removal to an asylum, was an instance of religious mania, arising apparently from the excitement of the Salvation Army campaign, and that a young woman, who was present at the Blue Ribbon Army meeting at the Metropolitan Tabernacle on Sunday, had been taken to Camberwell Workhouse as a lunatic. No doubt, that species of psychical intoxication which vehement indulgence in religious exercises and emotions induces, will sometimes end in mental derangement in persons who would not otherwise have become insane; but, at the same time, it is to be borne in mind that many half-crazy beings, men and women budding for madness, arising out of inherited or physical causes, are powerfully attracted to every new and strange thing, and so plunge zealously into stirring services like those of the Salvation Army, and evolve, perhaps, at these services, into full-bloom lunatics. Their insanity is not unlikely to be attributed entirely to the services, which really had little or nothing to do with its production. They were foredoomed lunatics on the verge of the catastrophe of their fate, and any other kind of agitation would have sufficed to precipitate them into it, as well as the uproar of the Salvation Army. If the statements made, as to the success of the Army in drawing into its ranks habitual drunkards, who become for a time, at any rate, sober and self-regarding, and in ensuring the closure of public-houses in the towns which it has occupied, be even approximately correct, then the ratepayers will have no serious grievance against the Army on account of its influence in causing insanity. It seems likely that, for every case of insanity caused by its religious revelries, at least two cases will be prevented by the limitations which it imposes on alcoholic carousals.—*British Med. Journal*, September 23, 1882.

ENGLAND'S. NEW LUNACY ACT.—The new Act to amend the Lunacy Regulation Acts has immediate operation, and is to be construed with the Lunacy Regulation Acts of 1853 and 1862. The Lord Chancellor is now to have power in cases whether the property does not exceed £2,000 instead of £1,000 in value, or £100 a year. By the fourth section, all Chancery lunatics are to be visited twice a year, with a proviso that every lunatic resident in a private house shall, during the two years next following inquisition, be so visited at least four times in each year.—*British Med. Journal*, September 9, 1882.

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WET-PACKING IN ASYLUMS.—It would be interesting to obtain precise and authoritative information as to the value of wet-packing, in the treatment of mental diseases, and to know precisely in what class of cases it is found beneficial, and in what cases it is contraindicated. At present, the estimation in which it is held, seems to vary greatly in different asylums. In some, it is never employed under any circumstances; in others, it is pretty frequently resorted to. The Commissioners in Lunacy note that, in the interval between their two last annual inspections of the Sussex Asylum at Haywards-Heath wet-packing had been employed in the cases of six men and four women, the former on 28 occasions, for 103 hours in the aggregate, the latter on 27 occasions for 82 hours. No wet-packing had been prolonged beyond four hours, and generally, it had been for a much shorter time. One of the women so treated, had also been dry-packed nine times altogether for 36 hours, once only, so long as six hours. The Commissioners are well advised in regarding this form of treatment as a species of restraint, and in recording the amount of its employment. It is a remedy which may be beneficial when prudently and skilfully used, but which might do harm if indiscriminately employed; and which might, in unworthy hands, degenerate into an instrument of punishment.—*Ibid.*, August 26, 1882.

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CHLORAL ALCOHOLATE.—The *Tribune Médicale*, for June 18, 1882, contains an interesting note on this more recent form of chloral discovered by M. Roussin. The exact constitution of the compound, however, was first ascertained by M. Personne, of the Academy of Medicine, who found it to be a combination of chloral and with an equivalent of alcohol and forming the alcoholate of

chloral, with the formula  $C^4H^3O^3 + C^4H^3O^3$ . According to M. Gubler, "The alcoholate of chloral, more agreeable in odor and taste than the hydrate, lends itself to the same therapeutical applications and is amenable to the same modes of usage. It may also be administered in the same dose since, according to my own experiments on animals and my observations in man, its pharmaco-dynamic action is similar to that of chloral and its power equivalent. The alcoholate succeeds even better in certain subjects than its generally used analogue the hydrate. Our regretted colleague, Blache, who had experimented on himself with the two compounds, gave preference to the product obtained by Roussin." The alcoholate of chloral crystallizes in beautiful prismatic needles, is of vinous odor, aromatic, has a comparatively sweet flavor, does not absorb atmospheric moisture, and keeps without undergoing change. By reason of its mode of preparation, its easy and beautiful crystallization, it is always pure and free from irritating oils which the hydrate invariably contains. It is well supported by the stomach, and is said to produce a calmer and more refreshing sleep than the older compound.

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A VISIT TO GHEEL.—The guide was a sort of troublesome necessity, as the people could have refused us entrance if so disposed, and I doubt whether wholly reliable, as, for instance, in the morning being asked concerning illegitimate children, he said, "One in four years;" in the afternoon, in answer to the same question, he said, "One in two years." Likewise, in the morning, "accidents never happened;" later in the day he remembered of one child being killed by a patient who was taking care of it, one born was burned, one patient assisting in loading hay put his fork into a man and attempted to toss him up, the injury proving fatal. These things made me a trifle sceptical concerning the utter absence of accidents. Concerning melancholics, nothing could be elicited further than that, like the homicidal, they were sent to Bruges. The physician in charge directed to have us taken into the least populous third of the colony and the newest portion; but if the remainder is worse than that which we saw, as one might infer, I am sorry for Belgium. The weather was rainy, and so we found the people mainly at home, and took their landlords by surprise, and, taken as a whole, it reminded me of an early visit around a hospital before things could be put in order. In the best houses we found beds made up and things in order; in the

majority it was the reverse. Patients of one sex only are allotted to a family; their rooms must be a brick structure, usually an addition,—a sort of lean-to against the cottage, averaging  $6 \times 8 \times 6$  feet; ground-floor well paved with brick,—therefore no wooden floor; windows  $2 \times 2$  feet barred, and a sort of a cat-hole on a level with the floor, for ventilation and the escape of scrub-water. The beds were generally box arrangements with straw, covered with a sheet; in other cases, an ordinary straw tick and sheets and blankets, coarse but sufficient. They are locked in at night.

What I have to say applies to people in the farm-houses, having visited only a few houses in the town. The fare very usually is the ordinary black bread and coffee (chicccory) for breakfast, boiled potatoes, bacon, and bread for dinner, and bread and buttermilk for supper. The farmers receive twelve cents per day per person, for which they are boarded and taken care of. Three cents are added for the dirty.

The chief physician visits the colony once in six months; the physician of the section, once in two weeks, unless sent for. A supervisor makes the tour of the farm-houses daily; but if he is like the one who accompanied us, he is harmless, the farmer who has the most likely daughters getting the least trouble. Restraint is by rule only applied by order of the physician of the section. In the thirty houses I visited I saw only one camisole. I saw one woman with iron anklets so rusted that a smith would be required to remove it. It was applied to keep her from running away. The use of hobbles is not infrequent with cases disposed to elope. Many of those requiring restraint are sent to Bruges.

The provisions for heating are apparently *nil*; there is certainly nothing in the room of the patient nor in any other of the house, except the kitchen, whose large fireplace, judging from the ceiling, gives out more smoke than heat. One family kept their patient warm with bottles of hot water to the feet, and a layer of hay.

Gheel may do for Belgium, but not for us. Even in Belgium things are changing greatly from year to year, according to accounts; and from statements of inhabitants of Gheel, it is only a question of time when this system will have to be given up. In the country they are miserably taken care of, and in town, where men and women go about unaccompanied, results easily anticipated occur. We found some houses which had rooms to let. The reasons are suggestive; in one case the family used the patient's blanket in a winter night; in another the patient was abused; a third had a female patient who had become pregnant; a fourth

became vacant for the same reason. I should judge there is more trouble on this score than is admitted. The fact that there are two hundred vacant beds in the colony now was used to corroborate the statement above made, that this system of taking care of the insane would have to be abandoned.

Heretofore I had entertained some poetical ideas concerning Gheel; the prose that I saw was sufficient to dispel them. The guide told me that the majority of visitors went no farther than the town. Having myself seen more of the country than of the town, I may have seen less of the good features and more of the bad than is usually the case; but I am convinced that the general plan of Willard and the "Relief" at Washington are much better than this.—*Philadelphia Medical Times*, August 26, 1882.

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A CEREBRAL CENTRUM FOR THE COLOR SENSE.—Since it has been found out that many persons are what is now called color blind, the question has been raised, by Dr. J. Samelsohn, in Cologne, if there does not exist a special center, somewhere in the brain, for the color-sense. In a short, but very well written article in the *Centrbl. f. d. Med. Wissensch.*, 1882, p. 851, Dr. Samelsohn says, very correctly, that the question might be changed to the following: If there are cases of double-sided hemianopia, in whom the sense for space and light is perfectly intact, while on the respective half-fields of vision the color-sense is totally extinguished, Steffen (in *v. Graefe's Arch.* XXVII, 2, p. 6,) has found such a case, and remarks: should there exist one similar case—only one solitary one, but undoubtedly of the same kind—we would have a clear proof that in the main central organ, the brain, the center for the sense of space and for the sense of color are divided, no matter how near to each other they may be situated, but there is a special centrum for each of these senses.

Samelsohn now had such a case under his charge, exactly like the one published by Steffen, where, in consequence of an apoplectic seizure, the sense of space and light was perfectly intact, but where the color-sense was utterly extinguished. He would have published this case sooner, and mentioned it before Steffen's article appeared, in a meeting of his local medical society, but he hoped to be able to give the result of the post mortem examination; but under the administration of iodide of potassium and electricity absorption was established, all the symptoms disappeared, and then a second seizure—due to an enormous effusion—brought

about rapidly the fatal end, leaving the brain in condition where any attempt at finding this center, under the complicated morbid process, was utterly out of the question. But the fact has now clinically been established, that there exists somewhere in the brain, a special centrum for the color-sense.—*Medical and Surgical Reporter*, September 23, 1882.

[The above theory is interesting in view of the successful results sometimes obtained in practice by the so-called photochromatic treatment of insanity.—EDITORS.]

## BOOK REVIEWS AND NOTICES.

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*Two Hard Cases.* Sketches from a Physician's Portfolio. By W. W. GODDING, M. D., Washington, D. C. Boston: Houghton, Mifflin & Co., 1882.

This book purports to be "sketches from a physician's portfolio," the first "A Fragmentary Memoir" read by the author before the New England Psychological Society in 1877, the other the case of Guiteau. The author displays in their presentation some uncertainty of mind as to their real mental status, and especially in regard to Guiteau, who from the space occupied would seem to be the principal "hard case." We do not propose to review the book at length, because it must have been written *ad populum* rather than with any view to a scientific purpose. Indeed, we can hardly gather from it what would have been the real point of the author's testimony, had he been examined at length on the stand as an expert on the merits of the case, instead of being called by the defense merely to answer a hypothetical question. He examined the prisoner a number of times, and heard all the evidence in court. He does not by any means confine himself to the sworn testimony in his book. Had he done so, it would have shown that it was overwhelmingly against the plea of insanity. This book may perhaps be considered in the light of an apology for not having been able to give his testimony on the trial, as we observe that nearly all the experts in this case who considered the prisoner insane in any sense, have since felt constrained to appear in public in a *quasi* defense of their position, seeming to suppose that some such defense was necessary. We may, however, observe that his own exposition of the course of the trial shows the experts

to have been ranged under the following classes or divisions:

*First.* Those who examined Guiteau personally, and afterwards listened to the testimony and unhesitatingly pronounced him sane and responsible.

*Second.* Those who examined him personally, without afterwards listening to the testimony and pronounced him insane but responsible.

*Third.* Those who examined him and also heard the testimony but were not asked their opinion, having been called by the defense to answer a certain hypothetical question of the defense, which Dr. Godding declares was "too near a truism to carry much weight to the jury."

*Fourth.* Those who were called for the defense, but after examining the prisoner and hearing part of the testimony, went home without testifying as witnesses.

*Fifth.* Those who voluntarily appeared towards the close of the trial, expected to have the case re-opened for them to testify their opinion that Guiteau was insane from what they had read and heard of the trial.

Now it might be invidious to mention names and exactly distribute all these various experts in any way concerned under these various heads, but any one reading Dr. Godding's book could probably make the classification for himself. Dr. Godding certainly knows to which class he belongs, for he well describes the uncomfortable feeling, the surprise and disappointment with which he and several others out of what he styles "the most imposing array of physicians familiar with the treatment of the insane ever assembled at a criminal trial," found themselves called by the defense merely to answer a single hypothetical question which contained in his view its own answer, and then suddenly and completely dropped out of the case.

We do not wonder that he criticises this procedure of the defense as not likely to be a success, but after all what was counsel to do with such opinions as "medically insane and legally responsible" or "legally insane though not medically," or with such peculiar idiosyncrasies of mental constitution as would prevent a man from giving an answer to the hypothetical question of the defense, while to the hypothetical question of the prosecution he proposed afterwards unhesitatingly to give a verdict of insanity? Dr. Godding says, "I now understand the real trouble to have been a lack of positive belief on the part of the experts for the defense in the prisoners' insanity." And we quite agree with him that with the defense "it was the old story of the house divided against itself that came to naught." And we further believe that it is quite useless for the chief participators in this scene of mental and legal confusion to try to rehabilitate their position now.

Among the printed documents in the Guiteau case before us, we find a letter or report of Dr. Godding to the District Attorney, giving an opinion of Guiteau's mental condition before the trial, but not such as to destroy his responsibility. This opinion was based upon his personal examination of the prisoner, who, it appears, mistook him for a Judge of the District. We have also the "notes" of another physician who personally examined the prisoner before the trial, and in these notes we find the following:

"PRISONER. I have been examined by Dr. Godding of the Government Asylum, who told me that he thought I was medically insane but legally sane. I differ with Dr. Godding, for I consider myself medically sane, for I never was sick in my life, but legally insane, for I was impelled to the act by an irresistible impulse.

PHYSICIAN. Are you sure that it was Dr. Godding?

PRISONER. Yes; I know him.

PHYSICIAN. Did he tell you that?

PRISONER. Yes; in those very words."

The document referred to shows the statements of Guiteau to have been accurate. The issue to be tried, however, was not that between Dr. Godding and Guiteau, though we may say that the Doctor's view of the prisoner's legal sanity was sustained by the court and the jury while the remainder of his propositions were overruled by what he himself describes as the most prominent and imposing array of experts ever before a court.

This little book certainly can not be taken as a review of the trial, as it embraces a variety of matters nowhere contained in the record. If it claims to be a study of Guiteau's case, it is surprisingly deficient in such matters as could throw any additional light on the questions involved, and will hardly be regarded in any quarter as contributing enough either of fact or argument to effect the conclusions to which the body of medical experts, the court and jury and thinking public, were led by the proved facts of the case.

We by no means rank Dr. Godding's book with the productions of the numerous pamphleteers who have been afflicted with Guiteaumania. It is well and courteously written, contains many passages on the general subject of insanity, showing thought and care which are worthy of consideration, and his narrative of the case is interesting and skilfully condensed.

Dr. Godding appears to have been faithful to his role of Watcher from the first, following the case to the end. We believe he was one of the witnesses who certified to Guiteau's will and joined with Dr. Beard and Miss Chevallier of "the society for the protection of the insane and the prevention of insanity," in an appeal to the President for delay of execution, and the appointment of a "commission of experts" to make a

fresh examination of the criminal.\* He was also present at the execution and at the autopsy. However, he does not refer to this part of the history of the case, except by inference in the closing paragraph.

"And now, with the last proof-sheet of these outlines, strangely delayed, lying before me, comes the tidings of the end. This was in keeping with all the rest. With a firm step and an up-turned eye he went away; and while the notes of a weird chant lingered in the air, with a paraphrase of the prayer-of-prayers on his lips, and the exultant yell of the mob rising without, he took the appeal 'beyond their voices.' Perhaps not in vain, for that mind which saw through a veil comprehended not; even as that brain acted through thickened clouded membranes."

*History of Insanity in Great Britain.—Chapters in the History of the Insane in the British Isles.* By DANIEL HACK TUKE, M. D., F. R. C. P., President of the Medico-Psychological Association, Joint Editor of the *Journal of Mental Science*, and formerly visiting Physician to the York Retreat, (with four illustrations). London: Kegan Paul, Trench & Co., 1882; pp. 548.

This capital book, for which we especially thank the accomplished author in behalf of the specialty in this country, is one which, though somewhat diffuse in some respects, and hardly full enough in others, will be quite as useful *ad populum* as to those who expect to be identified with the medical profession. Indeed, in its untechnical style, its historical references, and its interesting discussions on the subject of moral influences and treatment, it must claim the right to be admitted into the ranks of general literature. At all events, it furnishes the laity in general just such a manual of

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\* We publish elsewhere the opinion of Attorney-General Brewster on the application to the President.

information on the subject as has long been a great desideratum. It brings into one view the whole history of the treatment of the insane from the earliest notices we have of it; the wonderful progress made in it from a recent period, which looks almost like a sudden and startling development of combined humanity and science, out of a previous incredible ignorance and barbarism: and the gradual steps in parliamentary legislation, slowly and with difficulty gained, down to the present system, which we may say, approximates, or at all events is steadily moving in the direction of scientific perfection. This latter department of the book appears to us by far the most complete and satisfactory. The author has consulted the consecutive parliamentary annals, (in Hansard,) to good purpose, and succeeds in giving us a distinct outline of the gradual and stoutly contested advance of opinion as represented in such parliamentary philanthropists as Rose, and Wynn, and Gordon, and the Marquis of Lansdowne, and above all, Lord Shaftesbury from early in this century to the present time. This sketch of the course of legislation relating to the care and treatment of the insane, is to our mind, both interesting and instructive: and seems to leave us no alternative to the conclusion that the natural inertia of the human mind, especially when resting upon "vested interests" is quite sufficient for all purposes of conservatism, without any gratuitous scare as to the consequences of movement in one direction or another. Well does the author say in his preface, that the interest of this subject "extends far beyond the pale of the medical profession, and no one who has reason to desire for friend or relative the kindly care or the skilful treatment required for a disordered mind, can do otherwise than wish gratefully to recognize those, who, during well nigh a century, have labored to make

this care and this treatment what they are at the present day."

Dr. Tuke begins his work with a chapter on the "Medical and Superstitious Treatment of the Insane in the Olden Time." This he confines to the British Isles, and the scanty records of early English literature, which, however, doubtless represents fairly enough the general ideas on this subject prevalent in other parts of Europe in those early ages. As a matter of fact, the monks and religious orders largely monopolized the practice of medicine, as well as most other branches of study, except the law, in those days, and combined with their medical arcana various religious observances, such as exorcism, pilgrimages to certain shrines, or resort to wells or springs named after saints, and found to possess medicinal properties. A clergyman, the Rev. O. Cockayne, in 1865, edited a collection of unpublished documents illustrating the history of Science in Britain before the Norman Conquest. The volumes were published under direction of the Master of the Rolls, and among other things they contain a curious treatise by an unknown author of the early part of the *tenth century*, entitled "Leechdoms, Wortcunning, and Starcraft of Early England," which Dr. Tuke renders as equivalent to "Medicine, Herb treatment and Astrology." This old relic naturally supplies our author with considerable material, and doubtless contains the most authoritative statement of the practice among the Saxons. They appear to have derived much of their lore from the Romans and Greeks through the monasteries, being familiar with such authors as Apuleius and Dioscorides, but they showed much acquaintance with botany and the virtues of medicinal plants, though of course, the supposed effects of many of them were purely fanciful. The "classic peony," "mugwort," "clove

wort," mandrake, periwinkle, hop, wormwood, cassia, and many other common herbs were compounded and decocted in various ways and used in ale, or holy water, and drank out of a church bell, while psalms or masses were sung, &c., &c. The author quotes the following recipe for a "fiend-sick man:" "Take a spew-drink, namely, lupin, bishopwort, henbane, cropleek. Pound them together, add ale for a liquid, let it stand for a night, and add fifty libcorns, (supposed to be wild saffron seeds,) or cathartic grains and holy water." For epilepsy in a child, "the brain of a mountain goat was to be drawn through a golden ring, and then given to the child before it tastes milk." For hallucinations, "wolf's flesh, well dressed and sodden," was prescribed. The monkish system of flagellation also was not wanting here: "In case a man be lunatic take a skin of mere-swine, (a sea-pig or porpoise,) work it into a whip, and swinge the man therewith; soon he will be well, Amen."

As to the middle ages, Giraldus of Wales, in the twelfth century, testifies that, "For the sick, if medicine was required, there was none to be had, except in the monastery; and in this country, at all events, the monks were the only medical practitioners." He tells a story of Walter Mapes, chaplain of Henry II, which furnishes some evidence that chains were used at that period in the treatment of the insane. From the literature of the middle ages little more than mere allusions to insanity can be found. Geoffrey Chaucer uses the word "*wod*" for furiously insane, and William of Langland, in "*Piers the Plowman*," speaks of the "lunatik lollares," who roam about "meuyng after the mone." It is curious how this tradition has steadily prevailed in all ages, of insanity being connected with the moon. Giraldus even defines those as "lunatics,

whose attacks are exacerbated every month, when the moon is full." Immersion, or "bowsening" in sacred wells was a favorite mode of treatment, and was kept up with great violence sometimes, "as long as the hope of life remained." In Cornwall there was "St. Nun's Pool," "St. Levan's," Madron well, St. Agnes, and St. Kea's stone, near Truro; in Scotland, St. Fillan's well, in Perthshire, where as late as 1703, an Abbot, says Pennant, "took under his protection the disordered in mind, and works wonderful cures, say his votaries unto this day;" the well at Struthill, in Stirlingshire; St. Ronan's Well; St. Maree, in Rosshire, and in Ireland, *Glen-na-Galt*, or the Madman's Glen, in Kerry. Superstitions are notoriously slow in dying out in the localities with which they are connected. Down to the beginning of the present century, hundreds of patients were annually brought to St. Fillan's, with various ceremonies of depositing offerings, marching thrice round a neighboring cairn, followed by a trine immersion bound hand and foot in the pool, after which the patient was left for the night in a chapel near by, his recovery depending on his being found unloosed in the morning. Dr. Mitchell, in his work on "Various Superstitions in Scotland, especially in relation to Lunacy," published in 1862, states that only seven years before a madman was taken to the island of Maree, placed in a boat and towed round the island, being occasionally jerked into the water by means of a rope fastened round his waist, its two ends held by several men. In the Hebrides, lunatics were some times fastened to the stern of a boat and towed about in the sea till nearly drowned. An Inverness newspaper of August 31, 1871, had an account of dipping lunatics at midnight in Lochmanur, in Sutherlandshire, a practice which was kept up twice a year. Dr.

Mitchell assures us that down to a recent period in the north of Scotland, a remedy was sought for epilepsy by the sacrifice of a black cock (to some nameless power) by burying it alive along with a lock of the patient's hair, and some nail parings, on the spot where the patient last fell. Things like these find their parallels in survivals of superstitious traditions on other subjects to be found among the ignorant and illiterate of every country.

The remedies we find used in Dr. Borde's "Compendious Rygment or Dyetry of Health," in 1542, in Gerarde's famous "Herbal," in 1597, or even in Burton's "Anatomy of Melancholy," (1621) do not indicate much advance from the age of their Saxon predecessors. Rhubarb, wild thyme, feverfew, borage, hellebore, &c., are the "medicines against madness," and the last, along with Sir Edward Coke and Sir Matthew Hale, believed in witches, as able to "cure and cause most diseases to such as they hate, as this of melancholy among the rest." The celebrated court physician, Sir Theodore de Mayerne, represents the highest attainment of this period, and was wonderfully elaborate in his pharmacy. He held the old belief in the connection between the liver and insanity, expressed in the very etymology of the word *melancholy*, and, of course, supposed a "humour generated in the bile, mixed in the veins, and so extended to the brain." His treatment consisted of "Emetics, purges, opening the veins under the tongue, blisters, issues, shaving the head followed by a cataplasm upon it, the back bone annointed with a very choice balsam of earthworms or bats." "One prescription for melancholia contains no less than twenty-seven ingredients, to be made into a decoction, to which is to be added that *sine quâ non*, the ever precious hellebore." His "bezoartick pastills"

were composed of an immense number of ingredients, including the skull of a stag and of a healthy man who had been executed. The belief in witchcraft and demonology was general at this time, and very many cases of insanity were associated or identified with demoniacal possession, for which patients were sometimes bound to the piers of churches, sometimes flagellated, sometimes left to be supernaturally set free. It is comforting to read that even in those days there were men who stood boldly out against such stolid and cruel superstitions. Such were Reginald Scot, born in 1545, who wrote a famous book, "The Discovery of Witchcraft," by which he meant the *refutation* of witchcraft; Johann Wierus, who published a similar work in 1567, a disciple of Cornelius Agrippa, who, though he was not a disbeliever, yet exposed himself to danger by defending those who were accused of witchcraft, and exposing the craft of designing priests. It seems almost incredible at this day that the laws against witchcraft in England were not repealed till 1736. "Branks," or bridles for female scolds, and whipping posts seem to have survived considerably later.

Indeed, in reading these early annals, one is tempted to call the whole period preceding the present century, the "prehistoric ages" of insanity, so great is the contrast between the present system and what prevailed even down to 1828. But, perhaps, the progress of this specialty is hardly more than a counterpart of what has taken place in the science of medicine itself. It is thirty years ago since we heard an eminent professor tell his class that the science of medicine had made greater strides in the previous thirty years than in three thousand years before it. One need hardly stop to ridicule the ignorance and empiricism of the fifteenth or sixteenth centuries, who can remember the profuse

phlebotomy and heroic drug treatment of fifty years ago. The human race has been very slow coming out of darkness into light, and there are possibly matters as to which our present practice may excite equal astonishment fifty years hence.

*Bethlem Hospital.*—One of the most interesting chapters of Dr. Tuke's work is the historical account of Bethlem and St. Luke's Hospitals, the former the oldest example of any provision made for the insane in the realm, and as having furnished the word "*bedlam*" to our language, the type of all that was associated with madness long before the days of county asylums, registered hospitals and licensed houses. We do not propose to supply our readers with a substitute for the perusal of Dr. Tuke's work, or do more than indicate its leading facts and topics. Bethlem, or "*Bethlem*," as it was called in the original deed of the lands, was at first a Priory, for a brotherhood of the Order of the Star of Bethlem, founded by a Sheriff of London in 1247, in the reign of Henry III. The original patent, too long to copy here, is a literary curiosity, and conveys lands described by metes and bounds in the parish of St. Buttolph's, as appears solely for religious purposes. This original site is now chiefly occupied by Liverpool street and the railway stations. As early as A. D. 1330 it is mentioned as a "*hospital*" in a license of Edward III, to collect alms for it, though this throws no light on the question whether the sick or insane were then treated there. In 1375 it was seized by the Crown, which afterwards exercised the right of appointing the masters or priors. In an "*inquisition*" by Royal Commission in the reign of Henry IV, (1403) it turns up, for the first time, that six persons who were lunatics were confined there, and the inventory suggestively records "*Six chains of iron with six locks, four pairs*

of manacles of iron, and two pairs of stocks." On the arms of the establishment were a star of sixteen points (*étoile de Bethlem*) and a basket of bread, in reference to the etymology of the name. It appears from passages in Stow ("Survey of London," 1598,) that it is an undetermined question whether as special houses for deranged persons, the hospital at Charing Cross, (of unknown date, but then consolidated with Bethlem,) and the hospital at Barking, founded in 1370, were not really prior to Bethlem. In 1547, just before his death, Henry VIII gave a charter granting Bethlem along with St. Bartholomew's Hospital to the city of London. Dr. Tuke gives a representation constructed out of old maps of the premises and buildings of Bethlem during the time of Henry VIII. In 1632 the buildings were enlarged, and we have the first notice of a medical man being the Governor, Hilkuah Crooke, M. D. The accommodation at this time was only for about fifty to sixty patients, but in 1675, the old premises having become unfit for use, a new hospital for one hundred and fifty patients (the second Bethlem) was erected in Moorfields at a cost of £17,000. These are the premises generally known in literature as "Old Bethlem," the original old Bethlem having been comparatively forgotten. These buildings had quite a palatial appearance for the time, and were adorned in front by two statues representing two phases of insanity, mania and melancholia, sculptured by the father of Colley Cibber, and now preserved in the Kensington Museum. In 1733 two wings were added for incurable patients; but before the close of the century, the buildings had become dangerous, from insecure foundations. A Committee of Parliament "investigated" Bethlem Hospital in 1815, and their report of its internal condition showed that little

variation in the treatment had occurred since Hogarth's famous delineation of it in the "Rake's Progress."

Dr. T. Monro, who had been visiting physician from 1783, stated that "Patients are ordered to be bled about the latter end of May, according to the weather; and after they have been bled, they take vomits, once a week for a certain number of weeks, after that we purge the patients." To this statement he added: "That has been the practice invariably for years long before my time; it was handed down to me by my father, and I do not know any better practice." These few graphic touches leave a picture which needs no further filling up to realize the state of things that prevailed in Great Britain in the treatment of insanity so late as the year 1815.

During this year 1815, Bethlem Hospital was removed to St. George's Fields, a new site of 12 acres, upon which new buildings were erected consisting of a center and two wings extending 594 feet. Even in these buildings the windows of the patients' bedrooms were not glazed, nor the rooms warmed; the galleries damp and cold, and no provision for lighting them, at night, while the windows were too high to admit of looking out. Further buildings were erected in 1838, and although exempted from the periodical official visitation provided for other asylums in the act of 1845, yet in 1853, it was finally placed under such visitation. It has always kept abreast of all the progress and improvements of the day pertaining to the care and treatment of the insane.

St. Luke's it appears was established in 1751, by voluntary subscription, nearly opposite Bethlem, and supplementary to it. Dr. Battie, its first medical governor, had pupils attend the hospital, and was the first to deliver lectures on insanity. He

wrote a "Treatise on Madness" in 1758, which led to some controversy with the authorities of Bethlem. He died in 1776, and the Latin epitaph written for him by Judge Hardinge, is one that any physician might be proud to merit: "Battius, faber fortunæ suæ, vir egregiæ fortitudinis et perseverantiæ, medicus perspicax, doctus et eruditus, integritatis castissimæ, fideique in amicitiiis perspectæ."

The buildings of the present Hospital of St. Luke's were opened January 1, 1787, and are a great improvement on the former. They extend 493 feet, and opened in 1787 with 110 patients. In 1841 infirmaries were fitted up at each end of the building, and in the next year a chaplain was appointed to hold religious services; then followed reading-rooms, library, amusements, and the various other improved features of modern moral treatment. Having no traditions back of 1751, this institution seems always to have had a character less harsh than that of Bethlem. But it may be worth while to transcribe the observations of Samuel Tuke, the author of the "Description of York Retreat," made on a visit to Mr. Dunstan, Superintendent of St. Luke's, in 1812: "There are 300 patients, sexes about equal; number of women formerly much greater than men; incurables about half the number. The superintendent has never seen much advantage from the use of medicine and relies chiefly on management. Thinks chains a preferable mode of restraint to straps or the waistcoat in some violent cases. Says they have some patients who do not generally wear clothes. Thinks confinement or restraint may be imposed as a *punishment* with some advantage, and on the whole, thinks fear the most effectual principle by which to reduce the insane to orderly conduct." He concludes, "I think St. Luke's stands in need of radical reform."

It is very evident that Mr. Tuke's ideas drawn from the experiments already made at the York Retreat, were quite at variance with, not to say much in advance of the practice generally prevailing in the institutions of that day.

*Eighteenth Century Asylums.*—The first date of private asylums is a hard thing to ascertain. Dr. Tuke mentions an old manor house in Clerkenwell converted in the year 1700 into a private asylum by one Dr. Newton, "the herbalist," who advertised to cure all cases of madness. "No cure—no money." In 1705, a Dr. Fallows published a work with the title, "The best Method for the Cure of Lunatics, with some Accounts of the Incomparable *Oleum Cephalicum* used in the same, prepared and administered." It of course went upon what might be called the *bilious* theory of insanity, and followed the traditional *humoral* pathology, the "incomparable oil" being used to "raise small pustules upon the head to open the parts which are condensed and made almost insensible by the black vapors fixed upon the brain." This wonderful specific was sold at £10 a quart, sometimes in compassion to the poor at £4. He makes the laudable declaration that "he is always ready to serve mankind upon such terms as shall be acknowledged reasonable and proportioned to the character and condition of every patient." His house at Lambeth Marsh appears to have been characterized in its day by kind treatment, good diet, and fair arrangements for bathing, amusements, &c., but the magic oil has long disappeared, or been succeeded by similar marvels in other departments of life.

Some light is thrown upon the practice of that day by such writers as Swift, Smollett and Defoe. It is to be noted that Smollett is one of those who opposed the exemption of criminals from the penalty of high

crimes on the ground of insanity. His view looked only to the protection of society, and not the guilt of the individual. Defoe, on the other hand, wrote with great vigor against the prevailing treatment of lunatics. He declared that private madhouses were greatly on the increase in and near London simply from the custom that had grown up of "men sending their wives to an asylum at every whim or dislike, in order that they might be undisturbed in their evil ways." As a remedy for this, he declared that "it should be no less than felony to confine any person, under pretense of madness without due authority," or process of law. It was something more than a hundred years later before Defoe's principle was really carried out in legislation, the act of 1744 referring only to violent cases.

In 1763, a Parliamentary Commission investigated the state of private "madhouses." Their report showed much abuse and cruelty, and many sane persons deprived of their liberty: but no legislation followed. A bill for the "Regulation of Private Madhouses" passed by the Commons in 1773, was thrown out by the House of Lords; but in the next year an Act was passed providing that an order and medical certificate should be required for admission to *private* asylums, and that reports of abuses should be made to the College of Physicians, who had no power, however, to punish delinquents, and licenses were to be granted "to all persons who shall desire the same." As the act did not apply to the poor sent by parish officers, and granted no powers, and established no real visitation, it became a dead letter.

In connection with, and as partly responsible for this long delay in securing efficient legislation on the subject of insanity, Dr. Tuke cites from Lord Mahon, an account of the sad malady that for a long time

afflicted Lord Chatham and King George III, the latter of whom was treated with "bark, blistering, and an occasional dose of calomel, and was even subjected to mechanical restraint." This subject has already been referred to in our pages by Dr. Ray. (See *JOURNAL OF INSANITY*, July, 1855.) John Wesley, too, the great religious revivalist, with his comprehensive genius for all that can affect human welfare, temporal and spiritual, published a book of "Primitive Physic," in which the prescriptions for lunacy were primitive enough to have been modelled on the "Saxon Leech Book." "Decoction of agrimony," rubbing the head (shaved) with infusion of ivy leaves and vinegar, or juice of ivy leaves with sweet oil and white wine, putting the head under a great water-fall, or cold wet packs, eating nothing but apples for a month, &c., figure among his directions. In hypochondria and obstinate madness, the following was his prescription: "Pour 12 oz. rectified spirits of wine on 4 oz. root of black hellebore, to stand in warm place 24 hours. Pour off and take from 30 to 40 drops in any liquid fasting." He also had great faith in electricity.

The celebrated John Howard, the philanthropist, in his observations on the "Prisons and Hospitals of Europe" in 1789, gives this account of St. Luke's in London, which deserves remembrance. "The cells were very clean and not offensive. The boxes on which the beds of straw lie are on a declivity and have false bottoms. The cells open into galleries fifteen feet wide, and on each gallery was a vault which was not offensive. \* \* Here are large airing grounds for men and women; there is also a new but very inconvenient bath. Here are very properly, two sitting rooms in each gallery, one for the quiet, the other for the turbulent; but I could wish that the noisy and turbu-

lent were in a separate part of the house by day and by night. \* \* Several women were calm and quiet and at needlework with the matron. A chapel would be proper here for the advantage of recovering patients, as I have seen in such houses abroad." He found, however, many idiots and lunatics in jails, with no care but custody only.

*The York Retreat.*—In connection with this review of the eighteenth century, the author enters into a somewhat extended account of the York Retreat, founded in 1792, under the auspices of the Society of Friends, by one of its members, a citizen of York, William Tuke, who had had his feelings aroused by the usual treatment of lunatics in the older asylums, to which his attention had been drawn in the case of one of the members of his own Society. It is largely derived from a volume entitled "Description of the Retreat," published by Mr. Samuel Tuke in 1813. The improvement brought about in this institution in the care and treatment of the insane has been made the subject of frequent encomium both in these pages and elsewhere.\* The non-resistant principles of the Society of Friends were simply applied to modify the government of the insane from what it had been chiefly one of fear, to a policy of gentleness, and more or less regard to the feelings and ideas of the patients themselves. It is not unusual for men to swing from one extreme to another, and in view of the confessed and exposed barbarities of the prevailing practice, it is not wonderful that men like Tuke and Conolly were so easily swept over to the opposite extreme of well nigh abolishing all restraints and safeguards altogether, in the name of what was called the "moral treatment of the

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\* AMERICAN JOURNAL OF INSANITY, July, 1855; April, 1856; October, 1863.  
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insane." A Swiss physician noted with enthusiasm that there was "no bar or grating to the windows," and added with charming philosophy, "You see that in the moral treatment they do not consider the insane as absolutely deprived of reason, that is to say, as inaccessible to the motives of fear, of hope, of the sense of honor; they regard them rather, it would seem, as children who have a surplus of force and make a dangerous use of it."

Pinel had been inaugurating a similar reform at the Bicêtre in Paris since 1800, but we are told that his work first became known to the managers of the Retreat in 1806. The Rev. Sydney Smith in the *Edinburgh Review* of 1814, in an article on the book above mentioned by Samuel Tuke, gives a very flattering notice of the reforms effected, and especially of the system of agricultural employment introduced. It is claimed that the influence of this institution led to the legislation of 1808 and 1811 in reference to pauper lunatics in workhouses. Sir George Paul, in a letter to the Secretary of State, declared, that "of all the lunatics in the kingdom, the one-half are not under any kind of protection from ill treatment, or placed in a situation to be relieved of their malady."

The principle of the moral treatment was summed up in the statement that "the patients are human beings suffering a terrible affliction, toward whom it is a duty to extend consolation, compassion and kindness." This seems to have even modified the medical treatment also. As the author of the "Description" remarks, "As benevolent feeling naturally led to the non-use of chains and the minimum resort to restraint which then seemed possible, so common sense led to the avoidance of the periodical bloodletting and emetics then in fashion. It is a remarkable fact that even then it was

seen that insanity rarely calls for depressing remedies, and the observation was made and acted upon that excitement is often relieved by a directly opposite treatment. They allowed a liberal nourishing diet in cases of violent mania: a free supply of meat or bread and cheese and porter was found of the greatest service at supper in procuring sleep and reducing excitement. They had no faith in specifics and nostrums in the cure of insanity, but medical treatment was by no means despised, while a warm bath was found, as Mr. S. Tuke says, to be "of greater importance and efficacy in most cases of melancholia, than all the other medical means which have been employed." As to restraint, self-restraint was considered the best form of it, and no means was found so efficacious to induce self-restraint in patients, as suitable employment; and gaining the confidence of the insane, by religious principle, by treating them as much as possible as rational beings, and by remembering that in the wreck of mind and intellect, the affections and feelings often survive. The York Retreat can not be quoted however as an example of the absolute disuse of all mechanical restraint. As the author of this volume puts it: "Coercion was regarded as an evil, that is to say, it was thought abstractly to have a tendency to retard the cure by opposing the influence of the moral remedies employed, but at the same time a *necessary evil*, an unhappy alternative in certain cases. Practically, as we have seen, the amount of restraint was small (five per cent); but no *rule* of practice was laid down that it never should be resorted to. The abstract principle of non-restraint adopted since at Lincoln and Hanwell was not enunciated. 'We greatly prefer' observes the author of the *Description*, 'to lay down no absolute rule of non-restraint, but to refer to our resident officers the

exercise of a sound discretion in each individual case.'” Of course, on this presentation of the subject, “non-restraint” is but a relative term, and is such only in comparison with what formerly prevailed. The object, in a case where sequestration of any kind is really restraint, should be to reduce its instances and incidents to the position of those rare exceptions that only *prove the rule*.

*Lunacy Legislation.*—Dr. Tuke's account of the course of lunacy legislation during the present century is very complete and perspicuous, and embraces of course far more details than can be noticed in a review article. Up to this time, legislation had had chiefly to do with private institutions. Little or nothing had been done for the proper regulation of almshouses and the humane care and treatment of the great mass of pauper insanity throughout the realm. Dr. Tuke tells us that the example of the York Retreat and the controversy to which it led, of which Sidney Smith gives some account in the *Edinburgh Review* in 1817, resulted in concentrating public attention upon the subject of the treatment of the insane, in consequence of which a “Bill for the better Regulation of Madhouses” was introduced into parliament in 1813, but was lost: another in 1814 passed the Commons, but was thrown out of the House of Lords. In 1814 a committee was appointed, which in 1815 reported as the result of their investigation facts and circumstances of abuse, neglect and ignorance that seem almost incredible at this day. “Bleeding twice a year,” “vomits once a week,” chains, manacles, nakedness, and even horsewhippings seem to have been common features of the usual treatment. One witness summed up the principle as follows: “Until within the last 18 years, the primary object of

almost every insane institution, whether public or private, had been merely the *security* of these pitiable objects; comfort, medical and moral treatment had been in a great measure overlooked." The report showed overcrowding, insufficient attendance, excessive and cruel coercion, too little medication, defective certificates, and inefficient and perfunctory visitation, all which evils can be prevented only by energetic supervision. And here it may be remarked that the real object of this popular clamor was to obtain public asylums. Upon this report and its disclosures, the Hon. G. Rose, in 1816, proposed a bill creating a board of eight commissioners who should be assisted by two of the local magistrates in each district, and authorizing the erection of county asylums to receive the pauper lunatics then left at large. It was found that under the law of 1774, the "physicians of the neighborhood" who, with a magistrate, acted as inspectors, really had no powers, except to withdraw a license, which could at once be renewed. The bill was, as usual, obstructed in the House of Lords. Another bill to the same purpose was offered in 1819 by Mr. Wynn, and eloquently supported by the Marquis of Lansdowne, but thrown out again by the influence of the very conservative Lord Eldon, who made some remark about "over humanity" being a "false humanity!" A statute was however passed this year in regard to "Pauper Lunatics" the provisions of which were permissive only, and therefore practically nugatory.

In 1827 only nine out of the fifty-two counties of England and Wales had asylums. Exclusive of London and suburbs there were 1,321 patients in private asylums, 1,147 in public, 53 in jails. In the metropolis 1,761 in private asylums, 500 in St. Luke's and Bethlem, making the total 4,782. Sir Andrew Halliday asserts that the

number actually in confinement, not merely in asylums, but with relations and keepers was over 8,000.

In 1828, in pursuance of the report of another committee moved by Mr. Gordon in the previous year, a bill passed both houses, "To Consolidate and Amend the several Acts respecting County Lunatic Asylums, and to improve the treatment of Pauper and Criminal Lunatics." This gave more power to the counties in establishing asylums, for private and single patients required *two* medical certificates: took the power of inspection from the College of Physicians and Surgeons, and invested it in fifteen Metropolitan Commissioners appointed by the Home Secretary. The returns of *pauper* lunatics in England and Wales this year were 9,000. An amendment was made to this act in 1832 by which the Metropolitan Commissioners were to be appointed by the Lord Chancellor, and not less than four of them to be physicians and two barristers. Under this act much was done to ameliorate the actual condition of the insane, especially in private licensed houses: but in 1842 Lord Somerset brought in a bill for still further improvements—to extend the Metropolitan system of inspection to all the provincial institutions. It was the passage of this bill that enabled the Metropolitan Commissioners to make their celebrated report of 1844, which has become historic and as Dr. Tuke remarks, "constitutes the Domesday Book of all that concerns institutions for the insane at that time." Notwithstanding recent progress, they found many frightful survivals of the past throughout the kingdom.

In a speech on a motion for an address to the Crown on this report, Lord Ashley (now Lord Shaftesbury, from this time the great friend and reformer of institutions for the insane) gave a great many valuable statistics, and illustrations of the operation of

the law showing the need of further legislation, January 1st, 1844, the number of lunatics and idiots chargeable to unions and parishes was 16,821, of whom only 4,155 were in county asylums, and of the remainder 9,339 were in workhouses or at large. He showed many defects in the contrivance, appointments and the cost of asylum buildings, spoke highly of Dr. Conolly's system of non-restraint at Hanwell, and at the same time quoted his opinion that 100 was the highest number that could be managed with convenience in one asylum: (on the absolute non-restraint system?) there were 3,790 private patients in asylums, and the number of paupers in private houses was no less than 2,774. He urged the multiplication of county asylums and the transfer thither of the pauper patients, for whom as yet no medical certificate was required by law.

The matter was deferred till 1845, when Lord Ashley brought in his celebrated statute consolidating the nine previous acts of the existing law, and creating a Permanent Lunacy Commission, in place of the one renewed annually before, and providing that they should be paid at salaries of £1,500 pounds each. These were to have larger powers of detailed and frequent visitation of hospitals, licensed houses, and county asylums. Pauper patients must have medical certificates and workhouses also be subjected to visitation. Another statute passed at the same time made the erection of county and borough asylums compulsory instead of permissive, and inspection was provided for lunatics not in asylums or in single care. In 1853, the order and certificate required for admission to an asylum were by law extended to the case of single patients: while the parish medical official was required to visit all the paupers of his jurisdiction once

a quarter whether in the workhouse or not, and report those who should properly be in an asylum. This of course had the immediate effect to produce a great *apparent* increase of insanity. The Lunacy Commissioners were also invested with the power of discharging patients in their discretion, with the consent of two visiting justices.

In 1859 a Commission of Parliament was appointed to report, followed by a statute in 1862, to amend the law, so as to provide additional safeguards against improper admissions, especially to private asylums. In 1877, owing to another movement of uneasiness in the public mind in regard to the too easy admission of patients into asylums, and too long detention there, as supposed by some, a Parliamentary Commission was appointed, known as Mr. Dillwyn's Committee, which reported, after taking a large amount of evidence, that "allegations of *mala fides* or of serious abuses were not substantiated." They remark that the jealousy with which the treatment of lunatics is watched at the present days forms a marked contrast with the state of things half a century ago. They suggested the plan of the Scotch "emergency certificate," and limited the order to three years, to be made by a near relative, or some person who could be called to account, who should also visit the patient once every six months. On showing cause, any person, with the sanction of Commissioners, should have the privilege of sending two medical men to test the condition of any patient under control; voluntary boarders allowed to go to asylums; and workhouses to be made more suitable for keeping harmless lunatics, to relieve the crowded county asylums; greater freedom should be allowed patients both in regard to visits from and correspondence with friends, &c., &c. Some of these suggestions

were embodied in a Bill introduced May 25, 1881, which, however, did not reach the stage of enactment.

The course of Lunacy Legislation has been, and is marked by that slowness of action which in England has ever attended the dealing with what are called vested interests. The rest of this volume is taken up more with matters of detail, the history of Lincoln and Hanwell, with the well known views and administration of Drs. Charlesworth and Conolly; an account of the Broadmoor Asylum for Criminal Lunatics; the management of Chancery Lunatics; of Idiots and Imbeciles; the systems of Scotland and Ireland; and the address of Dr. Tuke himself as president of the "Medico-Psychological Association," delivered before that body August 2, 1881, on "The Progress of Psychological Medicine during the last forty years, 1841-1881." This address is itself an admirable resumé of the whole subject of which it treats, and does justice to the literature and bibliography of insanity during this period. The progress in classification, the various discussions of mooted points from time to time, such as that of "moral insanity;" the physiological relations of the brain to mind, as to which Dr. Tuke does well to call attention to the warnings of Prof. Virchow, of Berlin, against a merely materialistic hypothesis; the question of post-mortem lesions; the various branches of treatment and the differing opinions as to medication; these and other points are all treated in an interesting and suggestive manner in this able address.

In conclusion it ought not to be forgotten that in following up the history of any great subject through the different ages of the world, whether it relates to the system and policy of governments or the development of social and scientific reforms, the standpoint of

criticism must be located in each particular period under review. In other words, it would be manifestly unfair to attribute negligence, evil intent, or "barbarism" to the men of other days who were acting according to the best lights then accessible; or to judge them individually by that amount of knowledge which is only the accumulated inheritance of the present age, and to which they contributed the experience of their own age and generation. In contrasting, therefore, the past and present of lunacy legislation, medical treatment and general care of the insane, this principle should be taken into consideration.

Any one disposed to ridicule or make merry over the ignorance and the blunders of the past on this subject, need only look at the penal code of the last century and its almost Draconian severity towards even the lowest grade of misdemeanors and minor crimes to see what changes have, in comparatively recent times, come over the "Spirit of Laws."

In giving the history of insanity, the author of this work is only depicting the gradual growth of civilization under Christianity and the enlightenment of progressive science. If the chains and manacles and flagellations of old Bedlam have passed away, so have the tortures of Smithfield's fires, the drawings and quarterings, the racks and thumbscrews with which not merely treason and murder, but crimes of much less import, and even religious opinions were once visited. As in Bethlem and its history we read the past and trace the progress in regard to the insane, so in the Tower of London, we read the past in the instruments of torture which history has preserved in regard to the execution of civil laws.

It only remains that we should be as faithful and honest in the use of our knowledge, as loyal to truth

and justice also, as have been, for the most part, it must be confessed, our great predecessors in all these departments of life and action.

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### SUMMARY.

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—OPINION of Attorney-General Brewster, on the application for a Commission in the case of Charles J. Guiteau:

DEPARTMENT OF JUSTICE, WASHINGTON, D. C., }  
June 23d, 1882. }

*To the President:*

SIR—Yesterday was sent to me by your Secretary the papers presented by Miss Chevallier, of Boston, consisting of petitions and letters of physicians and experts in support of an application for the appointment of a commission to consider the mental condition of Charles J. Guiteau, and also praying for the reprieve pending such an investigation. In addition to the papers transmitted to me by your Secretary I have had presented to me to-day a written argument or statement from Dr. W. W. Godding, and also an argument signed by George M. Beard, M. D., W. W. Godding, M. D., and Miss A. A. Chevallier. The whole question has been carefully and thoughtfully considered, and I have arrived at the conclusions that I can not recommend a reprieve for the purpose requested. It is doubtful if the President, in a case like this, has the power to appoint such a commission to reverse the sentence of the law. The case of this man has been thoroughly and fairly tried in a prolonged, public, judicial investigation in a court of competent jurisdiction before an able, upright judge, and a jury of impartial men. Abundance of testimony was offered upon the question of his sanity or insanity; in fact that was the main and only issue and the only point contested. The willful, and deliberate and premeditated killing of President Garfield by the defendant, Charles J. Guiteau, was an undisputed fact. It was conceded to have been done by lying in wait for his victim with a deadly weapon, carefully prepared for the purpose; the weapon was used with intent to kill, and the shooting by the defendant caused the death of President Garfield.

All these facts were undisputed. The only question mooted was that of the moral, mental and legal responsibility of the accused. The question of sanity or insanity, I repeat, was the only issue on that trial. He had a painfully protracted trial, during which latitude in every particular, almost to the straining of the law in his behalf was allowed, more latitude than was ever known to have been allowed to any defendant in all the recorded annals of the law. He, himself, was permitted to say at pleasure all that occurred to him, whether in order or out of order. The evidence was overwhelmingly against him upon this very point of insanity. The case was submitted to the Jury by a Judge of acknowledged learning, a discerning, cautious, upright officer in a charge that was calm, deliberate and fair, and within one hour after that charge the Jury found the prisoner guilty in manner and form as he stood indicted. In view of this, I again express my decided conviction that the requests submitted in these petitions ought not to be granted.

The application comes at a late day. It has no legal status, and is an attempt to secure by an extra-judicial hearing a reversal of a solemn verdict and judgment obtained in the regular and orderly administration of the law. Such attempts must be discouraged. The law must be maintained and confirmed by a strict conformity to its determinations and conclusions obtained in a regular and orderly manner.

The attempt to assert that the sense of all the best medical talent sustains this application because it believes the defendant insane, is contradicted by Dr. Godding, who, to-day, when heard orally by me, admitted that outside of those now applying for this reprieve, the preponderance of the medical talent in this country was the other way, and believed him to be sane. I will further add that the defendant has exhausted all the remedies of the law for his relief. Since his trial his cause has been heard with deliberate care before the whole Bench of the Supreme Court of the District, and no error in fact or law has been found; but that Court dismissed his appeal, and ordered judgment on the verdict.

After that, he applied to Mr. Justice Bradley, of the Supreme Court of the United States, for a writ of *Habeas Corpus*, and again the subject was considered by the learned Justice, and the careful conduct of the Supreme Court of the District commented on and applauded and the writ of *Habeas Corpus* refused.

At the last hour, you are asked to reprieve this justly condemned man, to investigate in an unusual if not irregular way, a

fact that has been solemnly determined by the constituted authorities of the law.

I submit it ought not to be done. It will establish a dangerous precedent. It will shake public confidence in the certainty and justice of the courts by substituting your will for the judgment of the law and its forums at the instigation of a few who assert that he was and is insane, and who press their application contrary to the "preponderance of medical talent of this country who believe the other way and think him sane;" as is admitted by one of the most conspicuous, earnest and important of the petitioners.

I am, sir, very respectfully,

(Signed)

BENJAMIN HARRIS BREWSTER,

*Attorney-General.*

ALLEGED MISLEADING OF BRITISH VISITORS TO AMERICAN ASYLUMS.—It has not been the practice of American Superintendents of Hospitals for the Insane to occupy their own time or public attention with noticing attacks in pamphlets and newspaper articles, however "damaging" their intent or purport may be, especially when they emanate from persons not belonging to the specialty or in any way connected with it, by office or occupation. But in the July number of the *Journal of Mental Science*, occurs a brief notice of a certain pamphlet on "Chemical Restraint, by H. B. Wilbur, M. D.," which contains a statement, as the Journal remarks, that is "either true or false," and enters the domain, not of merely debatable opinions, but of medical ethics, and therefore requires, as the Journal seems to think, to be disposed of *ex cathedra*. The Journal says, "Dr. Wilbur deliberately charges the medical superintendents of asylums in America with misleading English physicians who visit them." The pamphlet itself says: "These gentlemen have gone away deceived, as Dr. Buckmill was, as to the amount of restraint used." Any one consulting Dr. Bucknill's "Notes on American Asylums," as reprinted from the *Lancet*, will see that Dr. Bucknill

has simply been misquoted by Dr. Wilbur. In a foot note, page 39, Dr. Bucknill corrects expressly the misapprehension of Dr. Gray's views in regard to restraint and seclusion in Dr. Gray's own words, and in a manner that leaves the above misrepresentation inexcusable; for misrepresentation it is and nothing else. As the Utica institution is the one specially referred to, we confine ourselves to this simple denial and decline all controversy with the author of the pamphlet. As to the slander upon the "medical superintendents of insane asylums in America" generally, it is enough to give Dr. Bucknill's own statements in his preface to the same book referred to above, and which the author of the pamphlet made a basis of his charges: "This he must say, that so far as his observations did extend he was honestly afforded every facility for making them. His American brethren did not show him the best parts of their institutions, carefully hiding the blots; but they exhibited to him the unsorted good and bad, reserving no dark places or bad cases from his inspection; frankness of conduct which is not to be met with at all times or everywhere."—EDITORS JOURNAL OF INSANITY.

APPOINTMENT OF DR. GILMAN.—Dr. Gilman, Senior Assistant Physician to the Illinois Central Hospital for the Insane, at Jacksonville, with which institution he has been officially connected for sixteen years, has been elected Superintendent of the Iowa State Hospital for the Insane, at Mount Pleasant, thus filling the vacancy occasioned by the death of Dr. Mark Ranney.

PSYCHOLOGICAL MEDICINE IN TORONTO.—We learn with pleasure that instruction in psychological medicine has been introduced into the medical curricula of Trinity Medical School and Toronto Medical

School. Dr. Daniel Clark, of the Toronto Asylum, delivers a course of eighteen lectures to the graduating classes of the above schools, and candidates for final examination are required to possess and show a knowledge of insanity before they can obtain their degree at the Toronto University. The lectures and clinics are held in the asylum.

—At the annual meeting of the New Brunswick Medical Society, held last July, Dr. J. T. Steves, Superintendent of the St. John Asylum and President of the Society, delivered an interesting address on Insanity, with special reference to causation and prophylaxis. The paper was highly appreciated.

**BUFFALO STATE ASYLUM.**—The following statistics show the number of patients chargeable to the county of Erie, treated in the Buffalo State Asylum for the Insane during the year ending September 30, 1882, together with the condition and disposition of those discharged not recovered:

There were remaining in the asylum October

1, 1881, .....	102 patients.
Admitted during the year, .....	142     "

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Total, .....	244
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Of those discharged there were—

Recovered, .....	35
Improved, .....	12
Unimproved, .....	40
Died, .....	8
Not insane, .....	8

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Total, .....	103     "
Remaining under treatment October 1, 1882, 141	"

## Of those discharged not recovered there were—

Transferred to the County Asylum as chronic cases, in accordance with the provisions of law,.....	39	patients.
Sent by Superintendent of the Poor to friends outside of the County, .....	8	"
Sent to their homes,.....	3	"
Removed by friends who assumed their care without further public charge,.....	2	"
Total, .....	52	patients.

Percentage of recovered and improved on the whole number discharged, 45.63.